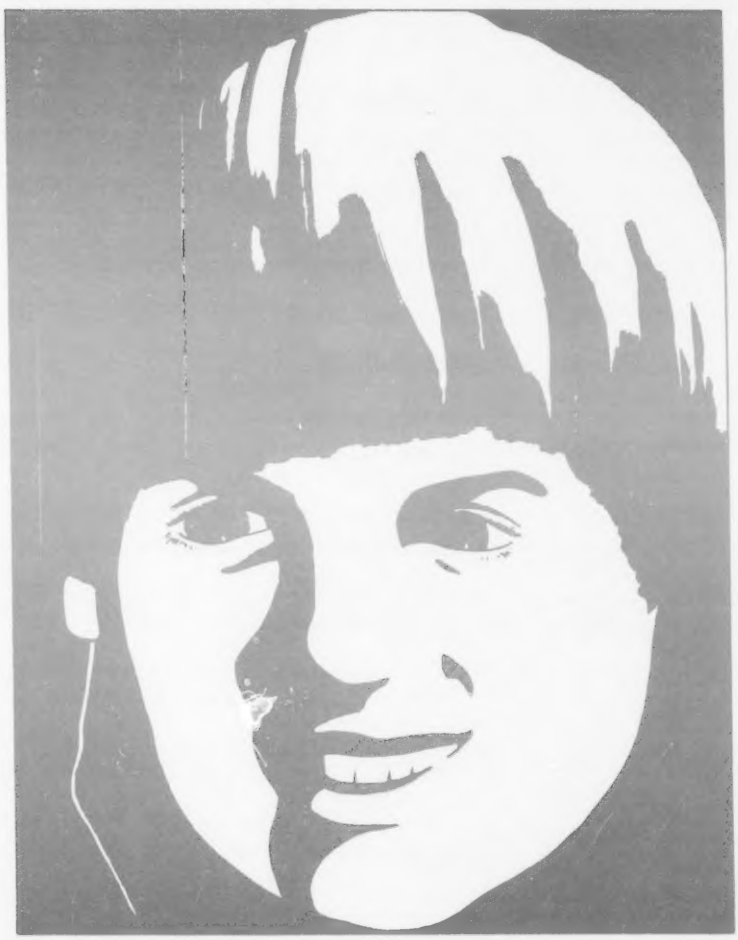
"Bureau" Memorandum

Wisconsin Department of Public Instruction / Barbara Thompson, Ph.D., State Superintendent

Volume 20, Number 2



DIVISION FOR HANDICAPPED CHILDREN

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Guest Editor - Betty Ross-Thomson, Ph.D., is the supervisor for physically/multiply handicapped programs for the Division for Handicapped Children. The guest articles in this issue deal with career awareness, education, and programs for handicapped youth and adults and an annotated bibliography concerning the physically/multiply handicapped. This issue also contains the fifth report to the federal district court about the statewide implementation of Chapter 115.

Guidelines for Authors

The *Bureau Memorandum* invites manuscripts directed to the common interests of special education personnel in schools. Especially welcome is stimulating writing dealing with (1) discussions of current professional and special education related materials; (2) descriptions of new techniques of innovative practices and programs; (3) research reports of interest and significance to readers. Dialogues, poems, and brief descriptions of new practices and programs will also be considered.

Manuscript Preparation

Manuscripts to be considered for publication in any issue of the *Bureau Memorandum* should:

- be submitted in duplicate (original and one clear copy)
- be typewritten (pica style), double spaced. All references, footnotes, and direct quotations should be checked carefully for accuracy.
- be accompanied by a complete identification of all authors. Include title and position, present location, and mailing address of each author.
- if appropriate, include black and white photos that have good light and dark contrast and that are at least 3" x 5."
- manuscripts should average about 1,500 words—approximately six double-spaced typewritten pages.

Manuscript Submission

- send manuscripts to Editors, *Bureau Memorandum,* Division for Handicapped Children, 126 Langdon Street, Madison, Wisconsin 53702.
- acknowledgement of receipt of a manuscript and notification concerning its disposition will be sent to the main author within 3 weeks of arrival. Additional time will elapse between acceptance of the article and its appearance in print.

The *Bureau Memorandum* is abstracted and indexed in the *Current Index to Journals in Education.*

The *Bureau Memorandum* is published by the Wisconsin Department of Public Instruction, Division for Handicapped Children, 126 Langdon Street, Madison, Wisconsin 53702. It is issued four times a year to special education teachers and administrators, nurses working directly with the Bureau for Crippled Children, and trainers of special education teachers.

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Career Education for Handicapped Youth and Adults in the '70s

By Bruno J. D'Alonzo
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Former U.S. Commissioner of Education Sidney P. Marland turned the country's shoulder to the wheel of career education in 1971. After first enunciating the goal of career education for all American schools, Marland then put research and development funds from his office into (a) the construction of career education models, (b) the development of curricular materials for career education, and (c) the preparation of professional educators needed to implement career education.

The U.S. Office of Education has established 1980 as the target date for all school age children to have career education services. However, the Bureau of Education for the Handicapped established:

> that by 1977, every handicapped child who leaves school has had career educational training relevant to the job market, meaningful to his career aspirations, and realistic to his fullest potential. (U.S. Department of Health, Education, and Welfare, 1973, p. 1)

The impact of career education upon the contemporary educational scene will generate a proliferation of new personnel, programs, and models to intervene and deliver services to the handicapped. Career education is a lifelong process. It must begin before a child enters the elementary grades (Abraham, 1976). A gradual introduction to career education programming in the elementary grades should develop into full-time occupational placement in the community by each student's senior year, which should help assure a smooth transition into the world of work or continuing education upon graduation.

Career education for handicapped persons not only encompasses general and vocational education, job information, skill development, and leadership training but also helps students to develop attitudes about the personal, psychological, social, and economic significance of work. Guidance and counseling assist students in developing self-awareness and decisionmaking skills and in matching his or her interests and abilities to potential careers.

The need to deliver new and more effective career education services to the large majority of handicapped persons who become unemployed or underemployed after leaving school should be one of our highest priorities. Since these handicapped youth and adults have special needs that generally are not met by traditional and general education programs, the end of high school leaves them relatively unprepared for employment and economic independence. The purpose of career education for these handicapped people is to salvage human resources and assist them in their career development and preparation for careers.

A modified version of career education for handicapped students has been in effect for a number of years through the concept of secondary level work-study programs. A basic criticism of these programs has been the continued use of "watered down" curricula focusing on academic content rather than the relevant skills necessary for a person to function occupationally and socially in the community. Edwin Martin (1972), assistant commissioner, Bureau of Education for the Handicapped, stated that our educational system is just beginning to view employment as an important subgoal:

> From ⅔ to ¾ of all special education programs are at the elementary school level, and in many, preparation for the world of work is only indirectly involved. Only 21% of handicapped children leaving school in the next 4 years will be fully employed or go on to college. Another 40% will be underemployed, and 26% will be unemployed. An additional 10% will require at least a partially "sheltered" setting and family, and 3% will probably be almost totally dependent. (pp. 523-524)

The need to channel resources toward career education for the handicapped is apparent, based on these data.

Realizing the important role played by vocational education in the career education model, Marland (1971) supported the development of new innovative delivery systems designed to service special education students in regular and vocational programs. In addition, Martin (1972) recommended:

> We need to redefine our basic instructional programs while developing more of these special vocational programs so that every child has the opportunity to partake in what is being called "career education," an education which provides him/her with exposure to a variety of work-related experiences and which develops attitudes and skills relevant to future employment. (p. 524)

The provisions of the Vocational Education Amendments of 1968 (Public Law 90-576) emphasize the need for new programs and facilities to serve the handicapped. The 1968 Amendments state that "full access" is the objective for all Americans in need of vocational training. They make specific mention of the need for the handicapped student in secondary and postsecondary schools to have ready access to vocational training or retraining. These amend-

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ments emphasize two factors: (a) that there be a broad range of vocational opportunities for the handicapped and (b) that vocational education facilities be so modified as to enable the handicapped to receive vocational education along with nonhandicapped peers.

The 1968 Amendments also provide that 10% of funds going to each state under the basic matching grant program (Part B of the Amendments) are to be used "for handicapped persons who because of their handicapping condition cannot succeed in the regular vocational education program without special educational assistance or who required a modified education program" (p. 7). However, the states have responded only minimally to the spirit and the letter of Congressional intent in implementing these amendments. An assessment of vocational education programs for the handicapped under Part B of the 1968 Amendments, conducted for the General Accounting Office by Walsh, Breglio, and Langlois (1975), clearly indicates the deplorably meager support given to the delivery of services to the handicapped through vocational education. Similar studies conducted by Lee and Sartin (1973) and the Comptroller General of the U.S. (Stacts, 1974) state that only a small percentage of the funds were being spent, a minimal number of integrated programs were available, few specific skill development programs have been established, and relatively few handicapped individuals were participating in vocational programs.

The U.S. Senate Committee on Labor and Public Welfare (1974) has expressed concern about appropriate programs for the handicapped:

> The committee is concerned that handicapped and other educational disadvantaged children are often prepared for careers which do not maximize their abilities, thus leading to underemployment, unemployment, and undercontribution to society. Also, it is the committee's belief that every individual can participate in society, but that there are individuals who because of certain handicapping conditions might participate to a lesser degree than others. The term full participation means that individuals should be prepared through career education to participate in society to the maximum degree to which their abilities permit.
>
> Experience with vocational education and vocational rehabilitation has demonstrated that handicapped individuals often do not have available to them the wide variety of vocational training options that are available to other individuals. This situation is caused by the unwillingness of present delivery systems for the nonhandicapped to modify their physical and educational environments so that the handicapped can participate, and also by the belief that handicapped children and youth should be educated in separate settings. (pp. 75-76)

Similar concerns have been expressed more recently among special and vocational educators. The problem appears to involve both curriculum and instruction, and personnel preparation and training (Phelps, 1976).

In reviewing 26 career education programs in 22 states, Budke, Bettis, and Beasley (1972) found that only about ⅓ (9) claimed to have any special instruction for handicapped youth in career education, and less than 10% of the 26 programs provided a component for the educable mentally retarded. During recent years, more than 500,000 handicapped youth have left our schools, but it is estimated that only 150,000 of these young people had participated in "any type" of career education program (Martin, 1974).

The Education of All Handicapped Children Act of 1975, P.L. 94-142, required that beginning in 1978, the states must identify and provide a "free, appropriate education" for all handicapped children. It authorized the federal government to eventually financially support up to 40% of the excess cost of educating handicapped young people between the ages of 3 and 21. The U.S. Bureau of Education for the Handicapped estimated that, although even higher sums are authorized, the federal government will begin spending up to $1 billion a year for special education. But the act is more than a program of special aid to handicapped youth; it is really the latest expression of the civil rights movement of the 1960s.

This law is far-reaching. It guarantees the basic right of every child — regardless of the degree of physical or mental handicap — to receive an education in the "least restrictive educational environment." The intent is to put them into the "mainstream" of the educational system to maximize their preparation for adult life. It mandates that schools, beginning with the elementary grades through secondary and beyond, must *truly* individualize their instruction programs. If not, parents of handicapped children are entitled to a due process hearing before a hearing officer.

Ultimately, the act will result in two significant additions to our educational goals: (a) an individualized program for physically and mentally handicapped within the total school program when appropriate, and (b) the humane responsibility of all school administrators, faculty, and children in general education to learn how to live, help, and grow with the handicapped youngster in his/her new environment. The first goal will be realized by an act of Congress, state officials, and school administrators; the second goal is far more complex. It has always been well known that children on the whole learn more values and attitudes from each other than they do from the formal curriculum. The handicapped person will be no exception. How much he or she gets out of school in new and certainly more competitive situations will depend largely upon classmates. These classmates will be the mirror that reflects the image the handicapped individual projects to the world around him/her. In the day-by-day, hurly-burly environment of the school, normal children will shape the self-concept and the coping behaviors of the handicapped youngster.

Overall, the classroom teacher has the burden of responsibility for assuring the quality of education for the handicapped. Consultants advise, counselors counsel, and administrators build programs; but, like an inverted triangle, the entire edifice rests on the quality of teacher/pupil interaction. Predictably, we think, teachers will react with a gasp of surprise and awe at this latest step by our federal government toward greater social justice. Some perhaps will view the act as another example of the "Big Enchilada" in Washington meddling in our lives with grandiose social engineering schemes. But in time, teachers will close ranks as they always have, and they will do what has to be done to make learning worthwhile and successful for the seven to eight million handicapped children who will soon leave sheltered shores and enter the swift and challenging maintream (D'Alonzo, Thompson, and Mueller, 1976).

Through this act, educators and their institutions are charged with providing the most appropriate services to the handicapped in the least restrictive environment. Vocational education for the handicapped is emphasized in the act. But for unknown reasons, career education is not mentioned. We must assume that career education and career development are givens and will be emphasized in any individual educational program (IEP) written by responsible educators.

Professional Organizations

There has been an increasing professional awareness of the need to improve the quality and quantity of services provided to handicapped persons. Two new groups have been formed: The National Association of Vocational Education Special Needs Personnel (NAVESNP), a subgroup within the American Vocational Association (AVA), and the Division on Career Development (DCD) of The Council for Exceptional Children (CEC). Both groups provide central points for the dissemination of career and vocational education information on legislation, projects, research, techniques, and training materials applicable to exceptional people. The groups are planning to facilitate positive interactions between and within CEC, AVA, and other organizations concerned with career and vocational education.

Competencies Needed by Professionals

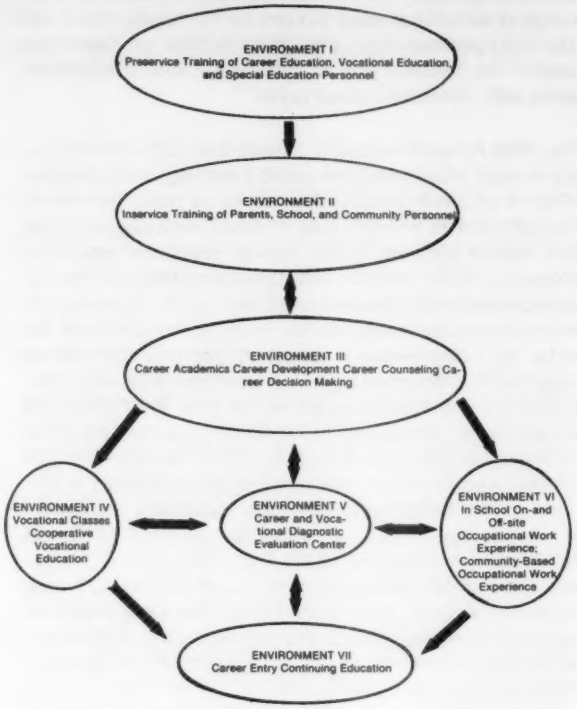
Professional personnel involved in preparing handicapped youth and adults for vocational and career education must have a range of competencies to teach effectively. These professional personnel must be competent in the following skills: (a) modifying curricula when needed, (b) providing special adaptations necessary to integrate such persons into school-based and community-based instructional and occupational environments, (c) knowing the requirements of particular occupations within a specific career cluster, and (d) individualizing instruction and placement. Understanding these areas is critical to successful career education programming.

The career education model shown in Figure 1 and discussed below has been designed specifically to ensure each handicapped individual a degree of economic independence and personal dignity.

Environment I — A marriage of professional disciplines is essential if teacher education practices are going to meet the future programming needs of the handicapped. In teacher-training programs, career, vocational, and special education competencies must be intertwined among the curricular offerings of each discipline. Courses and modules within courses should be team-taught by faculties from a variety of disciplines.

Environment II — Before career education for the handicapped is begun, parents, school, and community personnel involved should be oriented both to career and vocational education and to the handicapped individual. This orientation should be provided through an inservice workshop. Participants should be involved in activities to develop better understanding of curriculum, methods, and classroom management techniques. Information concerning special adaptations needed in the physical plant and to equipment should be included. Information about the learning and behavioral characteristics of the handicapped is another necessary component.

Figure 1 — Career education model.


ENVIRONMENT I
Preservice Training of Career Education, Vocational Education, and Special Education Personnel
ENVIRONMENT II
Inservice Training of Parents, School, and Community Personnel
ENVIRONMENT III
Career Academics Career Development Career Counseling Career Decision Making
ENVIRONMENT IV
Vocational Classes Cooperative Vocational Education
ENVIRONMENT V
Career and Vocational Diagnostic Evaluation Center
ENVIRONMENT VI
In School On-and Off-site Occupational Work Experience; Community-Based Occupational Work Experience
ENVIRONMENT VII
Career Entry Continuing Education

Environment III — Within this environment, classroom instruction and learning experiences as they relate to career education are emphasized. As the student progresses through the grade-level hierarchy, the ranges of experiences increase, career development is occurring, career counseling is provided, and the student begins to make appropriate decisions about future career options or goals.

Environment IV — This environment includes specific skill development for specific occupations within a career cluster. Instruction is given by trained vocational educators with direct support services provided by special education personnel. Program modifications such as longer or shorter instructional periods, extended time to complete a course, special texts, instructional materials and equipment, individualized instructional packages, and mini-courses are provided. Additional ancillary services are available through tutorial services, bilingual or bicultural instruction, guidance, job placement, and follow-up. Facilities might require special lighting, special acoustical adaptations, and modifications of desks, work benches, and equipment.

Environment V — The Career and Vocational Diagnostic Evaluation Center is designed to assess the career and vocational needs of the handicapped student or adult. Within the center, diagnostic-evaluative techniques and ameliora-

tive services are provided. Evaluation programs include an assessment of the individual's affective, cognitive, and psychomotor competencies. In this controlled environment, additional competencies are developed through personal adjustment, work adjustment, career and personal counseling, simulated work experience, application of basic academic skills, and development of production competencies essential to meeting the demands of competitive employment. The center and its components add a dimension of precision and ultimate harmony in programming for the career and vocational needs of the handicapped (D'Alonzo, 1974).

Environment VI — In this environment, students are engaged in supervised employment on the school campus or in the community in business and industrial settings. In general, students under age 16 are employed in a school setting either on-site (meaning the student's home school) or off-site (in a different school within the district). Students age 16 and older are usually employed in business and industry in the community.

These work experiences must be considered an extension of classroom learning experiences. Students placed in these work stations must be systematically supervised and their employment coordinated and related to the school curriculum. Placement is provided in occupations directly related to each student's career training, expressed interests, and level of development.

Environment VII — Upon graduation, students have been prepared for immediate job placement in the community or for entry into continuing career preparation, manpower programs, specific trade unions, sheltered workshops, vocational schools or colleges, or colleges and universities.

The Professional Team

The delivery of appropriate career and vocational education services to the handicapped requires numerous professional and support service personnel. The personnel needed will vary according to the area and degree of involvement in a specific handicapping condition and the physical environment in which they perform their roles. Personnel will primarily include professionals from the following disciplines:

(1) Mental health — psychiatric and psychological;

(2) Educational personnel — special education, general education, administrative, career and vocational, special therapy.

Facilities and Services

To insure comprehensive programming for the handicapped, a plethora of physical environments and services are necessary. The following are school and community facilities and services required for appropriate intervention:

(1) Educational services,

(2) Residential care,

(3) Social services,

(4) Vocational,

(5) Advocacy.

Conclusion

Because of the magnitude of educational programs and community services needed to provide for handicapped youth and adults, there is no single system that is best for all students. Many alternative and unique delivery systems have been developed, and many more are needed so that each individual will have an opportunity to take his or her place alongside the millions of other productive citizens in our society. However, the educational system must tool up and collaborate within disciplines and among community agencies so that appropriate career, vocational, and special education systems will effectively prepare handicapped people for relevant roles in their home communities.

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Career Awareness for Handicapped Students in the Elementary Schools

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The purpose of this article is to focus attention on those experiences and activities that can be initiated at the elementary-school level to provide career education for handicapped students. Some professionals have criticized career education as just another name for an old idea, vocational education. In other instances, resistance has been a natural response to an idea that requires modification of school curriculum. These comments are probably the closing lines to a relatively brief debate since Jackson and Peterson (1973) have stated: "The question of whether or not career information should be presented in the elementary school is no longer a debatable one."

There has been little hesitation about efforts toward career development among special educators as they, as well as parents, have always been concerned with the economic and social adaptation of the handicapped. Since the early beginnings of special education, "economic efficiency" has always been one of the foremost objectives and, we may add, it is an obvious consideration since the type of disability places particular inconveniences in each person's path toward social acceptance and task accomplishment. For example, when society was less mechanized, the physical requirements of labor were certainly more demanding. How then could an individual with cerebral palsy, physical disability, or blindness function in work situations that required visual judgment and dexterity, as in mills or factories? Thus, there is a deep current in the literature of exceptionality that sensitizes special educators to considerations of survival within society.

Career Awareness

The process of career education includes four basic areas of development that range across the elementary and secondary school years. They are:

(1) Career awareness (K-6),

(2) Career exploration (7-8),

(3) Career orientation (9-10),

(4) Career preparation (11-12).

This article will only deal with career awareness as it functions as a unifying theme for the teachers' efforts at the primary and intermediate levels. In its widest conceptualization, career awareness is directed at enlarging the student's perception and knowledge of occupational areas. Traditionally, several work roles have dominated the early experiences of children. School texts and primers readily include discussions of the fire fighter, police officer, doctor, nurse, lawyer, or teacher. Although these are attractive roles, there are hundreds of others that (a) are readily available for exploration by teachers, and (b) most likely will provide the future livelihood for the majority of the students.

Secondly, career awareness includes a strong emphasis upon the initial exposure to concepts about work and one's relationship to it. The number of concepts differ from one program to another, but there are some similarities. For example, here is a sample of concepts that may be introduced in kindergarten through sixth grade:

(1) Work has dignity.

(2) Work means different things to different people.

(3) Work has different rewards or satisfactions.

(4) Education and work are interrelated.

(5) All work can be classified into job families or clusters.

The most obvious problem of career awareness is how it would be possible for students to be exposed to over 20,000 types of occupational categories that exist in the world of work. How can a teacher cover such an array of occupations? And how would a teacher at one grade level know what his colleague had completed during the previous year?

One answer to the first question was the development of 15 enduring clusters by industry that would encompass jobs that ranged from the entry level through those in skilled, technical, and professional categories (United States Bureau of Labor Statistics, 1973). The Office of Education identified the clusters in:

Construction

Manufacturing

Transportation

Agribusiness and natural resources

Marine science

This study was supported by a grant from the California State University, Long Beach Foundation.

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Environment

Business and office

Marketing and distribution

Communication and media

Hospitality and recreation

Personal services

Public services

Health

Consumer and homemaking education

Fine arts and humanities

If each individual received basic training in a common core of each cluster, he/she would be familiar with the industry as well as the variety of jobs it provided. More importantly, his/her experience would provide him/her with a measure of flexibility, should it be necessary for him/her to retrain within the industry. At the awareness stage it would only be necessary for the teacher and student to explore a selected cluster using the following questions as guidelines to the class activities:

(1) What are the occupations?

(2) Who works in these occupations?

(3) What is the life style of the people?

(4) Who do people work with?

(5) Where are the jobs?

(6) How do workers accomplish their jobs?

Coordination among teachers requires systematic planning within the school so that they may share their expertise and prevent needless redundancy of activities. Talagan (1973) offered one plan, "Career of the Month," which combined the state of Wyoming's 11 career clusters with a systematic approach toward investigating careers that used certain academic skill areas. For example, the month of December would feature careers that stressed the sciences.

The professional literature contains an ample number of suggested career concepts identified as appropriate at the elementary level. These concepts are usually supported by activities that teachers can conduct both in and out of the classroom. Hoyt, Pinson, Laramore, and Mangum (1973) and Wernick (1973) are two appropriate sources for teachers. Although there is a decided lack of references to exceptional individuals in the burgeoning literature on career education, we can assume that the concepts and corresponding activities can be applied to our efforts in special education.

The remainder of this discussion is about six broad areas of competence that are important to the handicapped individual's adult roles and, therefore, should receive attention during the career awareness phase of the curriculum. These areas have been identified primarily because of the absence of information appropriate to the elementary years. The areas have been arranged arbitrarily; in reality, they interact and are not prerequisite to one another. They certainly are not new to teachers, but they have been cast so as to present their relationship to the long-range goals of career education.

Social Interaction

The elementary level handicapped student must have experiences that promote social interaction. The teacher's attention should be upon those experiences that would in all probability, develop the child's ability to communicate with his/her peers and with supervisors. We know from research that attitudes about interpersonal relationships are developed early and primarily in the home. But the school is an arena of social interactions; and it is here, as well as in the neighborhood, that children forge initial experiments with a highly necessary component of career education communication.

How important is it? Very important! Those who work with the blind rank communication second only to mobility as a major objective in career education (American Foundation for the Blind, 1973). School and vocational rehabilitation personnel have continually stressed that a major reason for job failures by the mentally retarded can be traced to social variables (attitudes, behaviors, and communication) rather than a deficiency in work skills (Kokaska, 1968; President's Committee on Employment of the Handicapped, 1974). Hartlage (1974) summarized this concern as follows:

> Although specific job skills are necessary for the gainful employment of a retarded worker, it is his social adustment, as reflected by his relationships with his coworkers and supervisors, which will likely determine how successful he will be in retaining his employment.

I suggest that teachers engage in open exchanges of information in their classrooms about each child's abilities and limitations and especially about his/her attitudes. This is not as difficult or complex as it may appear, since children often know the strengths and weaknesses of every member of the class. The important thing is that they are able to relate to one another in discussions about mutual concerns and express their deeper questions and observations. It is during these moments that the student's attitudes are pliable and open to verification. Remember that both the exceptional and "normal" child must learn about one another and be able to communicate these understandings. Children will communicate if they are involved in mutual objectives in such activities as play, work, or study. Early exchanges of perceptions should be encouraged, since children will have ample opportunity to acquire ever-present stereotypes.

Work Skills

The handicapped child must receive early instruction and experience with those activities that involve the process of

"how to work." Children learn about work and how to do it by engaging in work activities in the classroom, on the school grounds, and, most certainly, in the home. These "work tasks" are not new and cannot be considered innovative for special education. Richard Hungerford directed one of the largest special education programs in the country in New York City during the 1940s, and it was based on the concepts of "occupational education." It included some of the following abilities as prerequisite to occupational placement. All can be developed at the elementary level as a part of "how to work."

(1) Following directions on an assignment.

(2) Selecting appropriate materials and tools,

(3) Organizing the several work functions,

(4) Completing a work assignment,

(5) Completing a work routine.

The literature contains numerous suggestions of competencies that can be developed in the elementary classroom that range from attitudes about work to general abilities (Allen and Cross, 1967; Kokaska, Lazar, and Schmidt, 1970; McColl, 1967). A large collection of individual classroom projects and activities is contained in Workjobs (Lorton, 1972), which is a virtual treasurehouse for teachers who wish to combine career education with the traditional academic subjects. Although the book is directed at the development of cognitive skills through the use of "activity-centered" learning, it provides an extensive array of work tasks that, with only slight modifications, can meet the goals of career education. In one sense, Lorton's publication supports the advocates of career education when they argue that teachers need not disrupt their curriculum to incorporate activities that prepare children for academic *and* vocational pursuits.

Once the several competencies or abilities deemed important for adequate work performance have been selected, teachers can list them on a bulletin board or chart along with the names of the members of the class. This allows students the opportunity to identify their progress and, if need be, the quality of their performance. This general approach toward identifying and displaying competencies required for successful completion of a program is used by agencies which train technicians and skilled personnel. It has also expanded into college training programs for teachers, as it constitutes one element in a movement toward competency-based training (although the listing of students' names is less evident). In all cases the development and listing of competencies provides a structure to a training program by allowing students to see what is expected of them and yet participate in the decision process. These techniques can be applied at the elementary level and contribute to an "open" exchange of ideas and perceptions between students and teachers.

No less important than the process of "how to work" are the rewards. Teachers must be cautious that work activities do not simply become a grind. They are too valuable for that and may devastate the long-term objectives of career education if they are without either verbal or tangible acknowledgement. The purpose of the work activities is to expose the child to the experience of work *and* a positive end to that behavior. This establishes a foundation upon which the individual will be able to eventually choose those rewards that have the greatest meaning for him/her.

Decision Making

One of the inclinations of parents and teachers who work with handicapped children is to protect them. Protection may be direct and quite necessary as in the use of padded helmets for children with physical disabilities who frequently fall or who are prone to seizures. The cane and wheelchair are also forms of protection, although they are more closely associated with aids to mobility. These devices are physical extensions of the self with which the child learns to maneuver within an environment that poses threats to his/her safety.

There is another form of protection that is not as readily discernable but may still constitute a major ingredient of the child's orientation to life. This is psychological protection, i.e., the usurption of responsibility for the child's behaviors to the extent that the adult primarily performs the acts and makes the decisions. This conduct disables the child still further, as it interferes in the process by which he/she learns to make decisions. It eliminates his/her experiences with alternatives, estimation of future consequences, and evaluation of current performance.

The elementary level handicapped child must have decision-making experiences that allow him/her the opportunity to exercise his/her cognitive and physical abilities. One form of classroom activity that helps develop these abilities is "situational games." Given a certain set of circumstances, the student is asked to:

(1) Describe the situation,

(2) Identify the main components,

(3) Propose means to investigate these components,

(4) Decide on whether one can change the situation,

(5) Evaluate the results.

The situational game need go no further than the classroom. The teacher can, for example, propose that students identify some of the problems in the classroom. Should they be changed? What can students do about these problems? How will they know when change has been accomplished? When the game is applied to the occupational world, the questions may be: What does the mechanic do? What kinds of problems does he/she encounter? How does he/she solve them? What can he/she do to find the answers? Thus, the situational games can be used to explore the job clusters.

A second activity of great value to career education is role playing. Teachers know what it is like to assume a role before their peers. The older the peer group, the greater the

inhibition, because we are reluctant to be embarrassed by our performance. But the performance does involve decision making. Will I participate? How will I act? What will I say?

In playing the role, one makes several decisions. The next step is to include decision making as a part of the role, i.e., allow children to assume roles characterized by decision functions. Children respond to such projections, as they are near to the fantasies and stories that constitute their play, literature, and, of growing importance, television viewing. It is during childhood that we begin to experiment with various roles.

Teachers can use games and play acts to involve children in work roles that are represented in later careers. This is an old practice in the elementary grades, since students are usually the main attraction in the ritual holiday plays put on for parents. However, the career aspects of the curriculum require that they be involved in roles that relate to adult employment. Brandzel (1963) and Buchan (1972) have elaborated on the potentials of role playing with the handicapped and have identified several possible activities related to vocational competencies.

The whole question of decision making on the part of the handicapped involves a certain degree of risk. Risk in human behavior enables us to manifest those qualities that are so important to identify. Risk does not mean mindless gambles, but does allow individuals to place themselves in situations where they will be challenged. Kokaska (1974) has discussed the difficulty that teachers encounter in providing risk situations in the instructional process. Teachers do not like the word "risk," as they equate it with "chance," which is threatening since they are legally responsible for the consequences. However, it is my opinion that the lack of experiences in decision making may be more threatening to the handicapped individual, as it places additional barriers in the development of his/her abilities to assert himself/herself.

Self-Evaluation

Most of us are hesitant about giving and, especially, receiving grades, scores, or critiques pertaining to our work. It is a "rough" experience. Yet we do read about authors who send their colleagues a first draft of a story or article in order to receive some form of evaluation. We could say that this is because the writer trusts and respects his colleagues and, what is more, is not bound to alter one word because of the review. We also know that some artists continue to paint or compose despite disparaging comments or a lack of sales just so long as they can meet the standards set by their most severe critics, themselves. But those are artists, and the rest of us are something else. To most people, the evaluation process can be so intimidating.

This may be due to the fact that the vast majority of evaluations, whether they be represented in grades or verbal discussions, are conducted by agents outside of the individual's control and according to standards established without his personal involvement. In some areas of human endeavor we cannot change those facts of life, i.e., there will always be a certain standard as well as some form of evaluating agent to determine whether we have performed the required behaviors.

Nevertheless, the most meaningful decisions about one's self come from within the self. The decisive questions of how we are to lead our lives and gain fulfillment have their beginnings in childhood. From there to now, it is a continual process of matching one's acts against one's expectations and deciding upon the results.

Career education is valuable in this area because it encourages collaborative child-teacher evaluations of behavior and products. It thrives on the fact that children are open to honest judgments about themselves without being defensive. Given the appropriate attitude on the part of both participants, there is little doubt that the student's judgment of his/her own performance can build a foundation for a process that ultimately encourages selfdetermination throughout life.

Teachers can include selfevaluation as an integral part of their academic and vocational activities. Wernick (1973) recommended the use of anecdotal records, interest and attitudinal inventories, and personal journals as devices for recording performance. These would serve as a continual means for which the participants evaluate ability and project goals. In essence, it demands that *both* evaluators be aware of the child's goals for the academic year and his/her actual location and status at any given moment.

Positive Self-Concept

Career education has a particular strength in assisting teachers to develop a positive self-concept in children with handicaps because it places value on *all* forms of work. Secondly, the long-term objectives of career education are to provide individuals with enough experiences that they will choose those work activities and concurrent rewards which have the greatest meaning for them.

It is imperative that the handicapped elementary school student experience numerous activities that help build a positive attitude toward his/her ability to work. The activity should result in an object or service that is valued and is directly related to the development of identity. It offers positive evidence to his/her inquiries about what he/she can do and who he/she can be. These concerns are just as important for the handicapped, if not more so, than for "normal" individuals.

It is difficult to isolate any one career goal with its own set of activities from the several that have already been mentioned. The same "workjobs" that are used to develop the student's ability to complete tasks also occupy an important role in contributing to his/her feelings of self-worth. Work has special meaning to the handicapped person because it denotes ability and accomplishment despite limita-

tions. It is an essential part of his/her attitude toward life and the contribution he/she may make to those around him/her.

Classroom chores have always been used by teachers as a means of using the student's special talents or surplus energy, or as a reward for other accomplishments. These classroom maintenance functions are quite different from the "workjobs" that may be regarded as a part of the curriculum. The purpose of the activity must be clearly identified so that students understand the meaning of the required behavior. As students have these experiences, the teacher should continually encourage them to formulate their own objectives. Selfdetermined objectives are important to the long-term goals of career education and contribute to the development of a positive self-concept in handicapped individuals.

This area of competence could very easily have appeared as the first topic for discussion since there is little mention of physical ability in the literature of career education. Yet there has been increased interest in the physical development and leisure activities of handicapped individuals. This interest was fostered, in part, by research studies that indicate that the handicapped were deficient in several abilities when compared with their "normal" peers. Previously, these abilities were thought to be absent primarily because the individual was handicapped. The assumption was that, since an individual is deficient in one characteristic, all others must be suspect. This stigmatization contributed to the actual denial of programs to develop the physical capabilities of handicapped students.

Those days have passed, as the wall of ignorance has been breached by the participants in wheelchair basketball tournaments and Special Olympics for the mentally retarded, to name a few. Nevertheless, school districts must be encouraged to expand their programs to offer the handicapped a full range of physical activities.

Our principle concern is with the development of physical skills that are directly related to those that will be required in the marketplace. This is a dominant value in programs of physical activity, development, education (whatever they are named) that has not received enough emphasis. The physical abilities of a handicapped individual do, to a certain degree, set boundaries within which he/she must operate, and this includes the world of work. For example, an individual who must function with the assistance of a wheelchair will be required to move in and out of the chair as well as propel it along inclines and around obstacles. This requires coordination and strength in the upper torso and, of itself, can be tiring. This same individual must master these movements, build strength, and develop endurance since he/she may be expected to record full day's labor regardless of whether he/she is in a wheelchair. Thus, long before they begin to consider occupations, teachers should be concerned with whether they have included activities that are designed to provide a foundation for dexterity, flexibility, and gross/fine motor abilities, to mention a few.

We are physical as well as cognitive and affective beings. Although we talk about the effects of automation upon the industrial process and the fact that technological change has reduced the demand for difficult manual labor, this does not decrease the importance of physical activity. This concern brings us to the relevance of leisure.

Some may wonder about the appropriateness of an emphasis upon leisure at such an early age in the individual's development. We may ask: "Don't children play enough as it is?" Perhaps, but play is a behavior that changes with age. At one period of development (childhood), the socially acceptable forms and functions of play include toys and games. At another period (adolescence), acceptable behaviors include group activities, competition, and pursuit of private interests. Underlining this progression is an assumption that the individual will be able to achieve the prerequisite skills to move from one level of competency to another. These skills are not limited to the physical domain, since leisure does require judgment, communication, and initiative.

The results of numerous follow-up studies of the mentally retarded indicate that they spend a large portion of their "leisure time" in watching television. I may be biased in my estimation of the value of watching television, but it is an activity that isolates the individual from the kinds of normalizing experiences we wish to foster in our educational programs for the handicapped. It may well be a signal to the fact that we can not leave the progressive development of leisure skills to chance. Those without these skills or interests in childhood and adolescence may well be the television addicts of adulthood. We have to begin as early as possible to prepare the handicapped for *all* aspects of their future lives. This is the very essence of career education.

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New Resource in Career/Vocational Education

Career Development for Exceptional Individuals (CDEI) is a new journal focusing on career/vocational development and opportunities for handicapped and gifted people. As the official journal of the Division on Career Development of the Council for Exceptional Children, it references exemplary programs, projects, and workshops and includes major articles concerning issues in the field.

CDEI is issued twice yearly (Spring and Fall). The first two issues included articles on vocational assessment techniques for handicapped adolescents, measurement in career education for handicapped students, guidelines for procuring work contracts for sheltered workshop clients, career education at the elementary level, and suggestions for the preparation of personnel in career and vocational programs for handicapped students.

The journal also includes distinct departments related to research, materials, abstracts from the ERIC collection, and reviews of publications in the field.

Subscription to CDEI is available without a membership to the Division on Career Development. A payment of $16 *must* accompany subscription requests. However, a 2-year subscription of $26 may be billed. Inquiries concerning subscriptions or payment should be sent to:

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Vocational Evaluation/ Programming Lab

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In order to appropriately meet the vocational needs and maximize the potential and employment capabilities of students with exceptional education needs (EEN), it is necessary to include vocational planning and preparation in the individual educational program (IEP) of each student.

The need for prevocational and vocational programming for individual students is identified and recommended along with educational goals through the multidisciplinary team (M-team) evaluation and staffing process. To aid in determining appropriate vocational plans for students, the Vocational Evaluation and Programming Lab has been developed through Programs for Retarded which is a part of the Division of Exceptional Education and Supportive Services of the Milwaukee Public Schools. Through this lab, which is a city-wide program, mildly retarded secondary and post-secondary students are offered a comprehensive vocational evaluation with resulting programming options. The program is being expanded during the 1978-79 school year to include emotionally disturbed (ED) and learning disabled (LD) students. Preparation is underway to include students from the low-incidence programs as appropriate.

The evaluation and programming component at the lab is an integral part of the total career education curricular emphasis within the exceptional education program continuum and serves to better prepare these students for effective post-school employment and responsible independence. It is designed to supplement and enhance the instructional efforts within the school environment and calls for a team effort involving student, parents, school personnel, and community resources.

In preparation for programming, students are involved in career and vocational readiness activities within their home schools. Sequential, vocationally-oriented course offerings, with a wide variety of supporting instructional materials, have been implemented on a city-wide basis within the secondary school curriculum. This offers instructional consistancy to students in a large urban area in which student mobility is a factor and where students may be recommended for and opt to attend a career specialty program in a high school other than their home school. To ensure vocational readiness, modified materials and learning packages as well as preentry course work have been developed to prepare students for effective entry into regular education classes. Staff and materials are also available to support

these placements and provide ongoing assistance. In addition, students are assessed at the junior and senior high school level in social and prevocational skills. Through utilization of data from this type of assessment, teachers are able to develop more appropriate IEP's and to group students for instruction according to areas of strength or need.

When students are referred and authorized by the program supervisor for a comprehensive vocational evaluation and subsequent programming recommendations, a program support teacher facilitates placement by serving as a liaison between the home, school, and the lab. While full day attendance is preferred, half day participation is authorized when appropriate. Students continue to receive high school credit through their school of enrollment while involved in their work-related program on a full or half day basis.

The Vocational Evaluation/Programming Lab is centrally located in the Milwaukee area and students use public transportation in order to attend the program. Program support in the way of mobility training is offered to those students who have previously not been involved with independent travel by city bus. At the lab, realistic work is simulated as closely as possible including the use of a time clock for punching in and out for the day and for all break periods. Daily attendance and punctuality are strongly emphasized as well as positive work related behaviors.

Upon entry to the lab, students are assigned to the work sample evaluation area where they are assessed by a vocational work evaluator who utilizes a wide variety of "action test" instruments and systems. Objective vocational guidance data are gathered in order to assist in appropriate planning and programming for the students and to help them in making suitable job or skill training choices. The assessment instruments used consist of materials and tools of the trades and relate directly to occupational clusters. As such, students attempt them at their optimum motivational level. The work sample tests are designed to measure characteristics applicable to work situations and indicate strengths and weaknesses relative to these areas. The information provided, along with valuable observational data, supports or discourages interest and/or skill development in specific training or work lines. The predictive ability of the assessment instruments in the work sample evaluation area is expanded as it proceeds to a "hands on" work evaluation and a vocational program appropriate for the student.

The Situational Assessment Areas of the lab are, therefore, key to the evaluation process. Each situational area addresses an occupational cluster and is designed to simulate as closely as possible realistic job duties for that occupation in a real work setting. Students are able to see their progress as they perform the sequential work tasks for the area which are designed in an upward movement with the complexity of the tasks increasing. The highest level of career and vocational potential is thoroughly explored and encouraged for each student. Observation is applied to this type of evaluation looking at the person as a whole. It is important to check tolerance and physical and mental abilities as they apply to the particular job tasks or occupational area being assessed, work adjustment and attitudinal skills, and job readiness.

The job clusters presently represented at the lab are: Clerical Services, Food Services, Health Related Services, Housekeeping/Custodial Services, Materials Handling, and Building and Home Maintenance. Students are scheduled into situational assessment areas according to interests and capabilities as determined through the work sample evaluation. They are strongly encouraged to spend at least 1 week in each area as a means of job exploration as well as to offer job choices.

In the Clerical Services Area, students are involved in office tasks such as typing, filing, collating, and duplicating. Many different types of office equipment and machines are used by students to fill work orders. Students are also assessed and trained in reception and telephone skills as they relate to office work. Clerical assessment is frequently extended into other work areas where clerical tasks are involved. A "restaurant" is the focal point of the Food Services Area. Work tasks include all aspects of food preparation and service as well as general maintenance and floor care where sanitation is emphasized. Food service production tasks are built into the program. Cashiering skills are applied using two different types of registers. The Health Related Services Area utilizes simulated hospital rooms. Adult, child, and infant hospital training mannequins are used in training students to perform many of the patient care duties. The dignity of the patient is stressed as well as the safe operation of equipment. Correct procedures are applied to work tasks such as giving bed or tub baths, making beds that are occupied or unoccupied, various methods of moving patients, and monitoring and recording vital signs. Hospital Housekeeping is included in this situational area. In the Housekeeping/Custodial Work Area, students learn the proper methods of cleaning and caring for different types of wall surfaces, flooring and floor coverings, windows, light fixtures, lavatories, and soap, towel, and tissue dispensers. A variety of equipment is used including several types of heavy duty vacuums and scrubbers. The students move from the work area to cleaning and caring for designated areas of the building. All equipment, materials, and supplies for the entire building go through the Materials Handling Area of the lab. Students handle the entire process from checking in, stocking shelves, and assembling and delivering equipment and supplies. Citywide instructional materials are delivered to the lab where students prepare them for delivery to the schools involved. In the Building and Home Maintenance Area, aptitudes and skills are assessed in the areas of measuring, tool technology, plumbing, glazing, carpentry, painting, plastering, wallpapering, electricity, small engine repair, and furniture refinishing. This popular area incorporates the general education aspect of industrial arts in that there is a dual function. The assessment and training component is valid vocationally as well as applicable to independent living as students have the opportunity to become proficient in maintaining their surrounding environment. Functional academics and survival skills are stressed in the educational component at the lab. An apartment area to address independent living skills, as well as motel/hotel housekeeping is presently being developed to supplement the teaching of academics.

A vocational guidance and job placement area occupies a small suite of rooms in the lab. Job seeking and job keeping

activities are practiced, with video tape equipment being utilized. Job Service and the Division of Vocational Rehabilitation are a well-utilized resource. In addition, a full array of services are available to students depending on need, which include: Speech and Language Programming, Psychological Services, Social Work Services, and Personal and Vocational Guidance Services. Length of stay at the lab as well as resulting student programming options vary according to individual student need. After an evaluation staffing, a comprehensive report is generated including data to support appropriate vocational programming recommendations.

Vocational Programming options may include referral with program support if needed: one of the career specialty or vocational education programs within Milwaukee Public Schools; appropriate job experience/training within Milwaukee Public Schools or community work training settings; ongoing evaluation and/or skill training at the lab may be found to be most appropriate for some students, some slots are kept open for training in these work areas; work adjustment and/or specific skill training if appropriate and authorized through the exceptional education program; and/or for return to student home school on a full or half-day basis with accompanying curricular recommendations. As an extension of the vocational evaluation/training process taking place at the lab, the Housekeeping Department of St. Luke's Hospital which is a large critical care health center in the metropolitan Milwaukee area, has entered into a partnership arrangement with Milwaukee Public Schools. Inservice training has been given the St. Luke's staff to prepare them for working effectively with EEN students in quality job preparation activities through realistic work experiences. A feedback pattern to any step in the vocational evaluation/programming process is allowed and considered necessary to insure student success.

This vocational program is still in its developmental stages as it has been in operation only a year. There is ongoing program evaluation with modification and/or expansion occurring where indicated. The Milwaukee Public Schools Vocational Evaluation/Programming Lab is under the direction of the program administrator for programs for retarded and the coordinator of career education, both of whom operate within the Division of Exceptional Education and Supportive Services. Onsite program supervision and program growth is provided through the lab program supervisor, MR, who holds a Level A licensure. For additional information contact:

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Programs for the Physically/Multiply Handicapped Past — Present — Future

By Bonnie Vick
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There's a familiar ring to the phrase "past, present, and future." Perhaps it's because it often brings to mind Dickens and his fearsome ghosts in that favorite holiday story, A Christmas Carol. As you will recall, all turned out well for Tim when old Scrooge changed his ways and provided for the Cratchit family and the special needs of Tiny Tim. Happy endings are nice, but outside the world of fiction, just what were the realities of the conditions that existed for those who were "crippled" in early years?

The Renaissance brought the first hope of change from the previous tendencies of social groups to cast out, neglect, or destroy those who were different. Christianity and the doctrine of humanism brought relief from the possibility of destruction to the handicapped. Those who were neglected sought refuge in monasteries where they found sanctuary for the first time. Though medical care was still in its infancy, the physically handicapped were now allowed to live.

As modern society was born, so the lot of the handicapped continued to change. The poor labor conditions of the industrial revolution served to increase their ranks and it took years before child labor laws helped to begin to reverse the trend. Medical as well as legal knowledge continued to advance. Society developed a conscience and the first school for crippled children opened in England in 1903.

World War I gave society another special population to provide for-the handicapped veteran. Advances in medicine and rehabilitation coupled with changes in public attitude

precipitated the growth of many of the programs that still exist today and opened the door to a new life for the handicapped. From asylums and custodial care evolved school and hospital programs designed specifically for the physically handicapped.

Milwaukee has been making special educational provisions for children with physical handicaps since the advent of a Home Instruction Program in 1915. As early as 1927, the state of Wisconsin recognized the need for providing financial aid for orthopedic schools and student transportation and state legislation to effect this was passed. It was at this time that the Bureau for Crippled Children within the Department of Public Instruction was established and a special facility for the physically handicapped was opened. In contrast to present day specially designed and well equipped facilities, Milwaukee's first school consisted of several barracks heated with coal burning pot-bellied stoves. It was named Lapham Park School but was also referred to as the "open air school" because it utilized large screened areas for fresh air rest periods. Even in cold weather, students bundled up in wool stocking caps and warm blankets were given an open air rest period. The school was later renamed the Frederick J. Gaenslen School in honor of Milwaukee's first orthopedic surgeon. The original Gaenslen School was replaced by a specially designed and equipped building in 1939.

Since 1932, a record has been kept at Gaenslen of the number of children enrolled and their diagnoses (Table 1). Since in its early years Gaenslen served students statewide, the enrollment statistics might be considered representative of the handicapped population in general.

While medical science has developed measures to prevent some handicaps, it has also developed the capability to keep alive more severely handicapped children who might not have survived in the past. By comparing the diagnoses of children enrolled in the orthopedic program in the 1940's with those enrolled in the late 1960's and the 1970's, the obvious shift from the acute infectious diseases to the chronically disabling nonfatal disorder is easily seen.

In the earlier years, when the children served were largely those who had cardiac conditions, physical handicaps of nonneurological origin, or who had contracted polio, the orthopedic school that offered a regular graded academic program and provided therapy services was most appropriate and could accurately be described as a rehabilitation facility. We now have children with more severe motor handicaps as well as other handicapping conditions. When discussing the orthopedic program, one is hard pressed to delineate it as an "area of exceptionality" because of the fact that this program has necessarily expanded to encompass all other areas of special education. This is to say that a large majority of the youngsters exhibit two or more handicapping conditions, i.e. in addition to their physical handicap they may also be involved with any one or combination of the following:

—Learning disability,

—Mental retardation,

Table 1 — Gaenslen Orthopedic School: Enrollment and Diagnoses — 1932-1978.

Year	Cardiac Disease	Cerebral Palsy	Polio-Myelitis	Others	Total
1932-33	23	25	40	56	144
1933-34	22	17	30	64	133
1934-35	14	25	28	77	144
1935-36	14	25	30	71	140
1936-37	23	38	31	68	160
1937-38	26	31	30	75	162
1938-39	30	44	44	68	186
1939-40	44	62	54	81	243
1940-41	53	67	59	89	268
1941-42	71	64	40	83	258
1942-43	78	69	33	77	257
1943-44	78	83	34	81	268
1944-45	83	83	53	54	263
1945-46	89	80	76	73	320
1946-47	115	97	99	97	408
1947-48	109	96	80	72	357
1948-49	96	97	80	81	354
1949-50	97	99	97	83	376
1950-51	74	99	96	78	351
1951-52	43	103	83	73	302
1952-53	43	108	99	67	322
1953-54	39	95	96	60	290
1954-55	30	98	92	71	291
1955-56	28	94	115	77	314
1956-57	27	108	125	86	346
1957-58	16	120	115	89	340
1958-59	16	121	97	100	334
1959-60	20	129	92	103	344
1960-61	24	109	88	106	327
1961-62	20	111	77	104	312
1962-63	19	139	57	107	322
*1963-64	13	109	41	78	241
1964-65	10	120	41	99	270
1965-66	11	115	29	85	240
1966-67	7	129	20	90	246
1967-68	8	140	12	103	263
1968-69	11	135	11	110	267
1969-70	9	122	8	112	251
1970-71	8	123	6	113	250
1971-72	7	114	3	90	214
1972-73	4**	108	2	75	189
1973-74	4**	100	1	77	182
1974-75	2	97+ (2OP)	2	65+ (1OP)	166+ (3OP)
1975-76	3**	113+ (6OP)	1	70+3 (OP)	187+9 (OP)
1976-77	3+1 (OP)	122+14 (OP)	2	69+5 (OP)	196+20 (OP)
1977-78	4	127+20 (OP)	3	72+24 (OP)	206+44 (OP)

*Manitoba Orthopedic School opened.
**Including sickle cell.

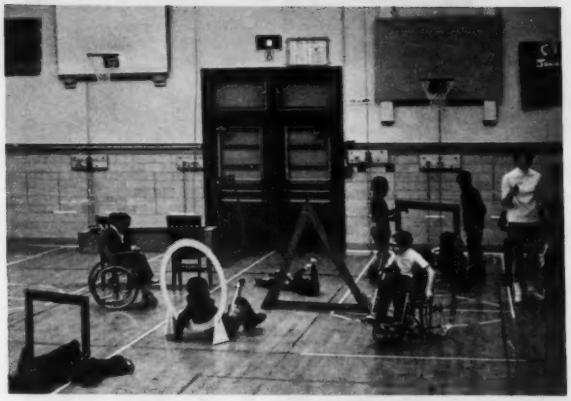
—Auditory disability,

—Visual disability,

—Emotional disturbance.

The student population we are dealing with then when we discuss the orthopedic/multiple-handicapped program (note the expanded title) presents an extreme range of physical and mental abilities with the added complications of sensory, emotional, and specific learning problems. Habilitation rather than rehabilitation now more accurately describes our program and facilities.

In response to this changing student population, the orthopedic schools in the state developed comprehensive



multi- and/or interdisciplinary programs and approaches (often involving three to six professionals for each child) to meet the wide variety of needs. At Gaenslen School, the range of professional expertise represented on the staff has been expanded to include not only the traditionally trained teachers and therapists (physical therapists, occupational therapists, and speech pathologists) but also teachers certified in mental retardation, learning disabilities, music therapy; and physical education, industrial education, and home living skills for the handicapped. Itinerant services for the vision and hearing impaired are also available. Several teaching modes have been implemented including selfcontained classes, a team teaching/nongraded approach, flexible scheduling, and part time programming for special services. Prevocational and avocational skill development has become a major emphasis for children in the older age group. This comprehensive program is further enhanced by the unique equipment and materials that can be provided in a special facility. Long before the terminology became popular, this type of arrangement sought to provide the "most appropriate" program for each student in the "least restrictive" environment possible in a segregated school setting.

Even before the passing of state and federal legislation, orthopedic schools were doing a great deal of individual instruction and programming for students and had the return to regular school as a primary goal. Recent legislation has assured education at public expense for all handicapped children, no matter how severely involved, and at the same time mandated placement in the "least restrictive" environment. The emphasis on mainstreaming is coming at a time when the type of youngster we are dealing with is far more complex and requires far more specialized educational programming. This has posed a dilemma and has led to considerable frustration on the part of educators and parents as to the appropriate placement and/or programming for such youngsters.

Currently, several alternatives for providing the least restrictive and at the same time most appropriate programming for physically/multiply handicapped students are being pursued. A large metropolitan area such as Milwaukee has somewhat of an advantage because of the size of the school system and the many opportunities/options (programs and facilities) available reasonably close at hand. The specialty schools, Gaenslen and Manitoba, are able to provide the intensive, comprehensive programming described earlier bringing a great variety of expertise together to assure indepth service as needed. However, referring a child to the physically handicapped program does not necessarily mean placement in the specialty school. Often making only slight adjustments in scheduling and materials or providing access to an elevator can be the key to appropriate programming in the least restrictive environment. Alternatives to full time placement in the specialty school include:

— Home and hospital teachers if necessary.

— Part time specialty school, part time regular school or another exceptional education program (usually half day at each).

— Full time regular school attendance with outpatient therapy services (usually provided at the specialty school).

— Transportation to regular school.

— Joint programming between the school and community agencies.

— Resource and support personnel to assist staff at regular school as requested.

Plans are also underway for a transition class, i.e. a teacher and select group of students from Gaenslen that will be situated in a regular school. Students will be able to be moved gradually into regular classrooms.

Although Milwaukee has not considered doing so, some areas have gone so far as to totally disband specialty schools in favor of self-contained classes, resource and itinerant services, or total integration for physically/multiply handicapped students placed in various regular school buildings. This type of arrangement offers opportunities for integration of the handicapped with normal peers, hopefully to the advantage of both groups. But whether the quantity and quality of services required by the physically/multiply handicapped student can continue to be provided without a specialized facility is a question that remains to be answered.

What then is the future of the "orthopedic" school? It would seem logical to assume that there will always be some children who cannot be accommodated within regular education. We will continue to require, if not special schools, at least some intact special classes (at least for part of the time) for severely handicapped youngsters who need very specialized care. There will also be those physically/ multiply handicapped students, perhaps less severely involved, for whom placement in a specialty school environment with its intensive programming and the many extras such a facility can offer will be of great benefit. It would be very difficult and costly to duplicate many times over the unique equipment and materials, multidisciplinary programming, opportunities for close communication and interaction between professionals to the benefit of the child, and specialized extra curricular activities. To deny youngsters the opportunity for this type of programming when it is needed may be doing them a grave disservice. In our attempt to seek the least restrictive environment and to prevent inappropriate placements, caution must be exercised not to remove children from special programs and place them into regular classes without providing for their special needs. Even though a handicapped child may be integrated with normal peers, if the regular program cannot or does not provide that child with specialized services or facilities (including such things as physical education, swimming, music, etc.), it may in a sense be more "restrictive" than a segregated specialty school that can offer these extras which are important essentials in the education of the handicapped.

The most appropriate program for a physically/multiply handicapped child does not always imply placement in regular education. On the other hand, integrated programs and mainstreaming at optimum times for students, when they have the skills (social and emotional as well as academic) to cope and benefit from such placement would seem logical. If the law requires "appropriate" and "least restrictive," let us be sure we are providing just that and avoid any "band wagon" tendency to try to place all children in the same type of program all of the time be it regular or exceptional education. Perhaps one of the problems is that exceptional education as a program has become divorced from regular education when, in fact, both should be a part of a broader scope of educational opportunities available to all children. Exceptional or special educational and support services must be available to every student whenever and for whatever period of time necessary during his school years as part of the normal range of educational alternatives.

It appears what will be needed specifically to serve the physically/ multiply handicapped population is a full continuum of services allowing a variety of delivery systems (from specialized and perhaps segregated facilities to complete mainstreaming or integration) offering many programming alternatives and placement options. Critical issues will be maintaining the full range of programming (be it considered regular or special education), being sure that everyone is well informed of the continuum of educational options, and providing the flexibility to *make use of* all placement and service opportunities in planning for the most appropriate learning environment at any given time.

"Appropriate" and "individual" are the key words in planning for each physically/multiply handicapped child. Educators and parents working together to discuss multidisciplinary team (M-team) results, to determine needs, and to develop individual educational programs (IEP) will, through careful consideration and good planning, be able to choose the right alternative at the right time to provide the most appropriate programs for students.

Recalling the past and reviewing the present programs for the physically/multiply handicapped has hopefully been somewhat enlightening in terms of an awareness of progress made in the field, current educational options, and possibilities for improving and expanding programming alternatives in the future. Having a full range of placement/ programming alternatives available will help to provide the most appropriate program in the least restrictive manner.

An Annotated Bibliography Concerning Handicapped Children in the Classroom — Management of Their Medical and Physical Problems

By April Holter
Information Specialist
Library Information Center
Central Wisconsin Center for the Developmentally Disabled

Management of Physical and Medical Problems of the Mainstreamed Student—

Cerebral Palsy (CP). Dr. Irene Ibler. University of Wisconsin-Madison. Dr. Irene Ibler, Director of the Cerebral Palsy Clinic at the Waisman Center for Mental Retardation and a clinical associate professor in pediatrics at the Center for Health Sciences, University of Wisconsin-Madison, presents a concise overview of cerebral palsy. Dr. Ibler discusses the various causes of CP, diagnostic classifications, and some characteristics of cerebral palsy. Dr. Ibler lists eight areas which she feels are critical for influencing the development of the child.

The Physically Handicapped Child in Your Classroom. Dorothy Edgington. Springfield, IL.: Charles C. Thomas, 1976, 75 p. The author helps teachers to understand the nature of the more common physical disorders that affect children with cerebral palsy, spina bifida, muscular dystrophy, cystic fibrosis, epilepsy, and Legg-Perthes disease.

A dialogue on specific medical and health concepts of severe and profoundly handicapped students. An inservice report. A product of the MAZE Project. Developed by Virginia Henderson. Madison, Wisconsin. Madison Metropolitan School District, 1977, 70 p. These papers are a result of sessions held in Fall 1976, providing parents, teachers, and personnel involved in the educational process for severely and profoundly handicapped children in the Madison Metropolitan School District with information about the etiology, prognosis, symptoms, and manifestations of disease, syndromes, and conditions of these children.

Autism. Earl E. Balthazar. Madison, Wisconsin: Central Wisconsin Center for the Developmentally Disabled, 1976. 1 reel, 23 min., sd, b & w, ½" helical scan. Includes manual. This tape discusses a brief history of definitions and present thinking on autism.

Grand Mal Epilepsy, 16 mm., sd., col, 30 min. Filmed at the University of Wisconsin, the film describes the onset of grand mal epilepsy in a 17-year-old girl. The reactions of her family and the diagnosis and treatment of her condition are explored through the eyes of a family doctor, the patient, and the consulting neurologist. The film is suitable for lay audiences and professionals.

Images of Epilepsy, 1975. 16 mm, sd, col, 27 min. Intended to enhance awareness and understanding of epilepsy, this film portrays the three most common forms of seizure activity. The film shows what life is like for three students who have epilepsy.

Positioning for educational purposes. Liz Seymour. Central Wisconsin Colony, Occupational Therapy Dept. June 28, 1974. 1 reel, 60 min., sd, b & w, ½" helical scan. Illustrates total body positioning for cerebral palsied children, supports, and changes in posture for more attention to educational activities. Ways of facilitating concentration of student in the classroom.

Transfers and lifting. Liz Seymour. Central Wisconsin Colony, Occupational Therapy Dept. June 28, 1974. 1 reel, 40 min., sd, b & w, ½" helical scan. Lecture and demonstration with several Central Colony residents on transfer and lifting techniques. Shown are weight distribution of lifter for transfer from wheelchair to classroom chair and chair to wheelchair for nonambulant and ambulant residents.

Therapeutic handling of a cerebral palsied child. Leila Green, Denton State School, Texas, 1973. 1 reel, 40 min., sd, b & w, ½" helical scan. Demonstrates the movement skills as they develop in the normal child and in the cerebral palsied child.

Common Orthopedic Disabilities and their management. Lecture by Dr. Todor Gencheff, Central Wisconsin Colony, January 17, 1972. 2 reels, 2 hours, sd, b & w, ½" helical scan. Simplified coverage of the care and treatment of dislocated hips, fractures, and spina bifida, and causes and prevention of scoliosis.

Spina Bifida Workshop. Dr. Todor Gencheff. Central Wisconsin Colony. January 30, 1970. 1 hr., sd, b & w, ½" helical scan. Covers the classification of spina bifida patients and the physical care of the spina bifida child.

Medical problems in the classroom; an educator's guide. Raymond M. Peterson and James O. Cleveland. Springfield, IL.: Charles C. Thomas, 1975. 309 p. The intent of the authors is to provide resource material for teachers who work with children with various medical problems. Included is a broad discussion of many medical syndromes, as well as their effect on the behavior and learning of exceptional children.

The hydrocephalic child. The Spina Bifida Association of America. Chicago, IL.: Spina Bifida Assoc. of America, 1977, 8 p. The booklet provides information about hydrocephalus, its treatment, and what to expect in caring for the child.

Gripping tales or living with seizures. Light and Bright Writer's Club. Wadewitz School. Racine, WI.: Racine Unified School District, 1977, 41 p. Written and illustrated by elementary school students, this booklet promotes understanding of epilepsy by students and teachers. It explains epilepsy, describes seizures, presents personal stories, and shares feelings.

About epilepsy. Donald Scott. New York, N.Y.: International Universities Press, Inc., 1976, 189 p. Written in nontechnical language, the book provides information on medical, surgical, and social aspects of epilepsy. Considered in individual chapters are the following topics: seizures and conditions similar to epilepsy, types of seizures, medical and drug treatments, care of the epileptic person, et cetera.

"The C/F Child comes to school." Vella C. Munn, in Learning, V5, N8, p. 38-40, Apr. 1977, 3 p. Guidelines are given to teachers for dealing with cystic fibrosis children and families. Considered are physical activity limits, medication, appetite, the child's social maturity, and the emotional adjustment of the family.

Teaching Independent Living Skills—

Independent living teaching manual and independent living screening test. Robert L. Schalock, Hastings, Ne.: Mid-Nebraska Mental Retardation Services, 1975. 2 volumes. Suggested teaching techniques and evaluation procedures for independent living skills are presented. The skills included are: personal maintenance, clothing care and use, home maintenance, food preparation, time management, social behavior, community utilization, communication, and functional academics.

Mealtime experiences for severely and profoundly handicapped persons. New concepts and attitudes. Edited by Robert Perske. Baltimore, MD.: University Park Press, 1977, 142 p. This book contains articles by people who do innovative things at mealtimes for severely handicapped people. Descriptions of the value of mealtimes, creative interactions, creative use of people, and helpful settings are the major subjects dealt with.

Marc Gold Regional Conference, Madison, WI., Aug. 2-4, 1977. At this conference, Marc Gold instructed participants in using his methods for training people who are difficult to train. The types of training included selfhelp, mobility, daily living, and vocational skills. The set includes twelve 1-hour tapes, ½" and ¾".

Early selfhelp skills: steps to independence; a skills training series for children with special needs. Bruce Baker. Champaign, IL.: Research Press, 1976, 5 vols. Also includes intermediate selfhelp skills, behavior problems, and training guide. The manual provides basic techniques in teaching early level selfhelp skills such as eating, grooming, and dressing through behavior modification.

The use of a pants alarm in daytime toilet training. John Dixon and Paul S. Smith. British Journal of Mental Subnormality, 22 June, (1976), 20-25. The authors report on the construction and operation of a pants alarm which was used to toilet train four severely/profoundly retarded persons.

Toilet training the retarded. Written by Dennis Alvera. Waukegan, IL.: Waukegan Developmental Center in cooperation with the Special Education District of Lake County, 1976, 27 min. 1 reel, sd, b & w, ½" helical scan. Condensed from 40 hours of tape in which a student was actually trained using the Azrin-Foxx toilet training method. The tape covers dressing skills, toilet approach training, and bladder control.

Mealtime training. Produced by Instructional Media Services, Waukegan Developmental Center, Waukegan, IL.: WDC, 1976. 17 min., 1 reel, sd, b & w, ½" or ¾". Explaining the minimeal method of training. The tape uses documentary examples as well as formal training footage to explain each of nine response areas.

Ask just for little things, 1972, 16 mm., sd, col, 20 min. Life skills provide the retarded child with a larger repertoire of behaviors which enable him/her to function more fully in our everyday society. Three life skills — ambulation, personal hygiene, and attending — are taught.

Genesis, 1972. 16 mm, sd, col, 25 min. This film teaches how to train basic selfhelp skills — dressing, eating, and toileting — by following the step-by-step procedures.

I'll promise you a tomorrow, 1972. 16 mm, sd, col, 20 min. This is the third and final film in the Step Behind Series (also including Genesis and Ask Just for Little Things). It teaches the concepts of preparing the child for a special education setting in the community focusing on three skills — communication, direction following, and group participation.

Up the dressing ladder: steps to independence. National Center on Educational Media and Materials for the Handicapped. Columbus, OH, Ohio State University: NCEMMH, 1974. 26 min, 1 reel, sd, b & w, ½" or ¾". Covers capturing attention, encouraging response, and teaching holding, pulling, pushing, finding and opening. Although tape focuses on getting dressed the abilities taught are important for other manipulative activities.

Readiness signs for toilet training. Jackie Berge, Central Wisconsin Center, 1976. 1 cassette, 60 min. tape recording. Signs of readiness for toilet training or regulation and how to set up a toilet training program with the parents.

Characteristic feeding problems. Presented by Colleen Crook, Central Wisconsin Colony, April 7, 1975. 1 reel, video tape, 39 minutes, sd, b & w, ½" helical scan. Identifies types of residents and particular eating problems of cerebral palsied, slow developers, visually and auditionally handicapped, infants, hydrocephalics, and cleft palate individuals.

Developing feeding skills. Colleen Crook, Central Wisconsin Colony, April 10, 1975. 1 reel, 43 min., sd, b & w, ½". Appropriate eating environment is important as development of motor skills and lip and tongue mobility for feed-

aing. Adequate positioning and grasping are shown in lecture demonstration.

Feeding techniques. Parts I & II. Colleen Crook, Central Wisconsin Colony, April 10, 1975. 2 reels. Part I, 32½ min. Part II, 24 min. sd, b & w, ½" helical scan. Utilizing correct feeding techniques can help people to develop independent eating skills. Part II demonstrates feeding.

Methods for feeding the multiply handicapped. Jean Kalscheur. Central Wisconsin Colony, July, 1976. 1 reel, 58 min, sd, b & w, ½" helical scan. Techniques for feeding two multihandicapped children, including an outline of feeding and types of bottles for each problem situation.

Training the retarded: a manual for parents, home trainers, teachers, and others. Earl E. Balthazar, Palo Alto, CA: Consulting Psychologist Press, Inc., 1976, 34 p. The focus of the manual is on fundamental selfcare skills and basic social coping behaviors for a retarded and/or multiply handicapped child or adult in the home.

Developing skills in severely and profoundly handicapped children. Edited by M. Angele Thomas. Reston, VA: The Council for Exceptional Children, 1977, 37 p. Articles include cognitive training, toilet training, eating skills, communication, vision stimulation, behavior on school buses, the autistic child, and others.

Step-by-step dressing: a handbook for teaching the retarded to dress. Shirley Henderson and Mary McDonald. Champaign, IL: Suburban Publications, 1973, 118 p. In this handbook the authors suggest that teaching dressing can be simplified and enjoyable. The authors indicate that for a child to learn specific dressing skills it may first be necessary to master preskills such as grasping, pushing, and pulling. Those chapters which seem most basic are entitled Gathering Information, Planning, and Teaching.

A step-by-step learning and guide for older retarded children. Vicki M. Johnson and Roberta A. Werner. Syracuse, N.Y.: Syracuse University Press, 1977, 214 p. The instructional program represents a skill-centered approach to learning. Activities have been presented as separate and distinct tasks each of which has a specific objective. This book is designed for classroom teachers to teach in the area of selfcare skill development, fine motor development, certain types of gross motor skills, and some language-development skills.

The life function education curriculum. Compiled by The State Regional Retardation Center. Fergus Falls, MN.: Fergus Falls State Hospital, 1975. 171 p. The Life Function Education Curriculum is designed to teach basic skills for living on a developmental continuum, involving eight areas of emphasis. These areas are hygiene, clothing, food handling, physical development, communication, environment, social skills, and academics.

Program for feeding training of developmentally delayed children. Rita Ann Neely and Mary Ann Smith. Memphis, TN: Child Development Center, 1977, 69 p. This plan is a feeding-training program to be used with children who have varying feeding skill levels and potentials for feeding skill development. The plan provides for assessment, management, individualized training programs, documentation of progress, and followup through parent involvement.

Federal Programs—
Statewide Comprehensive Training-
An Overview

By Nancy Byfield
Coordinator
Statewide Comprehensive Training Program
Division for Handicapped Children

Funding has recently been received by the Bureau for Exceptional Children (BEC) within the Division for Handicapped Children (DHC) for the 1978-1979 school year for a project to provide statewide leadership in the development and implementation of a comprehensive preservice and inservice training program. In keeping with the single line of authority concept, these activities would raise the skills and increase the knowledge of all individuals who are involved in the educational and related service aspects of the lives of handicapped children.

Both Public Law (P.L.) 94-142 and Wisconsin's Chapter 115 mandate a full service program for all handicapped children ages 3-21. While P.L. 94-142 calls for an appropriate program for each handicapped child, there is always the inherent danger that appropriate becomes synonymous with minimum requirements. Consequently, it is essential to have cognizance of the need to continually raise the quality of programming for children with exceptional educational needs (EEN). The Statewide Comprehensive Preservice and Inservice Training Program is based upon this intent.

Emphasis is given to the nature of comprehensive training in sec. 121a.380 - 384 of P.L. 94-142 regulations. This section infers that all individuals who are involved in the educational and related service aspects of the lives of handicapped children are to be participants in a statewide comprehensive training program.

Local educational agencies (LEA) will have input into this project via their local comprehensive training plan. The magnitude of this effort encompasses various administrative type organizations who hopefully will be able to pool their human and fiscal resources. One of the more specific objectives of the project is to develop a variety of inservice models to be replicated throughout the state. Another area of emphasis will be to facilitate inservice training for highly specialized, low incidence areas. All efforts will be made to insure inservice involvement with nonpublic school personnel and parents. Because of the single line of authority concept, it is now the responsibility of special education to inservice the regular education staff as it pertains to the EEN child particularly the child who is mainstreamed.

Efforts will be made via this project to coordinate the various preservice and inservice activities throughout the state so as to upgrade the services provided the EEN children of Wisconsin.

Federal Programs—

The EEN Dropout — Identification, Followup, and Program Planning—Phase I

By John J. Cook, Ph.D.
Coordinator
Project Dropout
Division for Handicapped Children

The Bureau for Exceptional Children (BEC) within the Division for Handicapped Children (DHC) recently received funding for the 1978-1979 school year for a project concerned with the identification, followup and program planning for actual and potential dropouts from exceptional educational need (EEN) programs.

Public Law (P.L.) 94-142 mandates the provision of a free, appropriate public education for all handicapped children, ages 3-21, which under Wisconsin law becomes 3-20 years. Efforts during the past year and a half under Child Find have located and identified unserved handicapped children in the state in the birth to 5-year age range. Such efforts continue on a maintenance or institutionalized level. The Child Find effort, while successful at the lower ages, scarcely impacted on what is considered to be a substantial number of unserved handicapped children in the 15-20 age range. This group for the most part can be considered handicapped pupils who have dropped out of school. The purpose of this program is to locate, identify, and suggest and/or develop alternative programming for these handicapped dropouts. Selected program areas will also be targeted for intensive instructional and inservice activity to help these pupils maximize their capabilities be it within the traditional school mileu or tangential to it.

Magnitude of the Problem

The sole topical source of information on EEN dropouts which could be located was a single question on the School District Statistical Report (PI-1203). This question was answered by most of the larger school districts in the state and a count of 462 EEN dropouts was obtained for 1977-78. However, since 215 districts did not respond to the question, this number must be considered low.

Of particular interest in regard to dropouts is the Indian population in the state. A search of the various data banks with regard to this problem uncovered one study dated 1963. This paper noted that the Bureau of Indian Affairs reported a 60% dropout rate for high school Indian students with this rate increasing. It is safe to assume that a substantial percentage of this number can be considered EEN by present diagnostic standards.

In 1970, the Department of Public Instruction (DPI) published the report "Dropping Out of School." While dated, it is informative to quote from this report, "Over two-thirds (70%) of the dropouts appeared to be candidates for some form of special education program with the public schools. However, only 6% of the dropouts were actually placed in special education sponsored programs at the time they dropped out." The reasons noted as critical in dropping out were employment, health, marriage, exceeding the legal age for compulsory attendance, entering the military, problems at home, parental permission, attendance problems, lack of interest, social maladjustment, and problems appropriate to special education — the largest single category.

Definitions

Initially, at least, this project's definition of dropout will concur with that presently used by the DPI Information Systems reporting i.e., "Pupils who dropped out during the regular school year and did not transfer to other schools or reenter the same school or pupils who completed the regular school year but did not reenter or transfer for the current school year."

Using this criteria, the 1976-77 dropout rate in Wisconsin was 4.4% with the range for the 72 counties from 1.2% to 8.6%. These percentages are based on the total 9-12 enrollment.

Basic Operational Plan

The thrust of the project evolves around five major activity areas: (1) location and identification of EEN dropouts (or pushouts); (2) developing predictive capability in identifying future dropouts; (3) tracking or tracing known or suspected EEN dropouts; (4) providing programs for those located or identified in (1) and (2) above; and (5) providing inservice training for those persons responsible for implementing the above programs.

The following can be considered the major activities of the project during the coming year:

1. Location and Identification — The magnitude of the problem of the EEN dropout will be determined thereby establishing a baseline to effectively determine the impact of any interventions.
2. Prediction — Characteristics of potential EEN dropouts by diagnostic category will be determined using existing and obtained data. This data will provide a basis for subsequent programming and inservicing.

3. Tracing — A model will be developed to track potential and actual dropouts. This model will interface with the several data-based management systems being developed around the state.
4. Programming — Appropriate programs will be suggested for the potential and actual EEN dropout. Such programming will occur in close coordination with the following: parents, vocational education, corrections, information services-DPI, career education, and Division for Vocational Rehabilitation.
5. Inservice — Inservicing activities will be conducted based on data obtained by the project. Such activities will be closely coordinated with existing SEIMCs as well as the state School-Age Mothers program.

Expected Outcomes

In general, it is expected that the project will help to accomplish the mandated goals of P.L. 94-142 started by the Child Identification Project, i.e. the identification, location, and evaluation of all handicapped children, ages 3-21 years. Also, it appears that the majority of the "unserved" or first priority children may exist in the 15-21 age range and are dropouts.

Specifically, it is anticipated that for the first time, a comprehensive statewide accurate count of EEN dropouts will be available; that the characteristics of the actual and potential dropouts will be known; that all this information will allow sophisticated tracer activities to be carried out which shall maximize the programming efforts involving these children.

Continuing Progress Report No. 5 on Subchapter IV, Chapter 115, Wisconsin Statutes—Statewide Progress

By Kenneth R. Blessing, Ph.D.
Director
Bureau for Exceptional Children

In its decision and order dated August 8, 1978, relating to Panitch vs. the State of Wisconsin, Barbara Thompson, state superintendent of public instruction, et al, the court ordered the defendant state superintendent to:

". . . file with the court and submit to the plaintiff reports on November 1 and May 1 for two consecutive years beginning November 1, 1978. The reports should include the information requested by the plaintiff's motion. The reports received from the school districts by August 15 of each year should provide significant assistance in the preparation of the November 1 report."

On October 6, 1978, in the name of the state superintendent, the department's assistant legal counsel requested the court to amend the above dates to December 1 and July 1 of each year for 2 consecutive years. This request was approved by the court on October 30, 1978. The following report has been developed as the department's December 1, 1978 report in response to the above court order.

This report details (1) the incidence of children with exceptional educational needs (EEN); (2) the extent of compliance with Subchapter IV, Chapter 115, Wis. Stats., both statewide and by individually named school districts, in terms of identification, placement, and programming; and (3) an updated report on the onsite and program audit processes of the Division for Handicapped Children (DHC). The report also includes a summary of hearings and appeals to the state superintendent and some of the additional plans and activities.

The above report was submitted on December 1, 1978 to the Federal District Court for the Eastern District of Wisconsin.

Part I discusses incidence, extent of compliance, and presents three analyses of total number of children served in Wisconsin.

Part II discusses the statewide efforts to identify all children with exceptional educational needs who are not being served at the present time. This discussion covers Child Find activities with emphasis on the integration of Child Find into school census procedures and intensified screening efforts.

Part III reports on the site review and program audit activities conducted to date.

Part IV summarizes the findings of fact, decisions, and orders issued by the state superintendent on individual cases which have been appealed to her since the enactment of Subchapter IV, Chapter 115, Wis. Stats.

Part V reports on the division's proposed activities to serve children with exceptional educational needs. It outlines (1) the division's plan for implementing its responsibilities; (2) the biennial budget proposals submitted to the legislature by the division; and (3) specific activities to implement the division's single line of authority.

The supplement to report no. 5 which was submitted on February 10, 1979 is intended to provide the Federal District Court with the most current and recent data available from actual enrollment reports submitted to the department by November 1, 1978.

I. Incidence and Extent of Compliance

By James Despins
Program Auditor
Division for Handicapped Children

Kenneth Blessing, Ph.D.
Director
Bureau for Exceptional Children

Gary Holloway
Data Coordinator
Division for Handicapped Children

In the department's most recent report to the federal court dated March 9, 1978, entitled *Supplementary Report in Reply to Plaintiff's Response to the January 16, 1978 Reports of Defendants,* there was extensive discussion and clarification of compliance and incidence. Compliance is accomplished when every child is afforded his or her rights under the law. These rights will be met when every district (1) actively seeks to find all children who may have exceptional educational needs (EEN); (2) provides inservice and public information sufficient to ensure that all public agency personnel refer to the school district those children suspected of having exceptional educational needs and that the district processes all such referrals in an expeditious manner consistent with procedural safeguards; (3) ensures that multidisciplinary team (M-team) are conducted with parental consent and involvement; (4) ensures that all children requiring special education are provided a program; and (5) ensures that the programs are sufficient to meet the exceptional educational needs of the child as identified through the M-team, placement, and individual educational program processes.

The problems of incidence and total handicapped population to be served is a state and federal issue. In a letter to Dr. Barbara Thompson from Ernest L. Boyer, U.S. Commissioner of Education, dated November 15, 1978 the incidence issue was discussed:

> Experts in the special education field have long agreed that about 12 percent of the nation's school-age children possess one or more of the handicapping conditions described in P.L. 94-142. With the September 1 deadline having passed, it might be expected that handicapped children would account for perhaps 10-12 percent of each state's overall school enrollment. In a few states that has proven to be the case. In most others, however, the proportion of handicapped children is clearly below the level, and in some it is less than half.

Mr. Boyer further states:

> It remains possible, of course, that a particular state may in fact have made a thorough and effective effort to identify, locate, evaluate and place all its handicapped children and still have found that handicapped children make up only 8 or 9 percent of its overall school enrollment. Responsible administration of the law would require that this result be properly documented, but we have no intention of establishing an inflexible percentage requirement. Our one and only goal is to carry out P.L. 94-142's mandate that all handicapped children be afforded a free appropriate public education.

Wisconsin used a 9.1% end-of-year incidence for 1977-78.

The incidence and quantitative extent of compliance in Wisconsin is presented in three different analyses:

(1) The first analysis compares the end-of-year incidence in 1976-77 with 1977-78.

(2) The second analysis compares the end-of-year incidence in 1976-77 with 1977-78 in terms of percentage of public school K-12 for 436 districts.

(3) The third analysis provides an established school year incidence based on the study sample of 34 high service disticts.

The *end-of-year incidence* for 1977-78 compared with the *end-of-year incidence* for 1976-77 highlights the progress achieved by Wisconsin's local school districts in serving EEN children. End-of-year incidence is defined as a rate, range, or amount of occurrence, e.g., the total number of EEN children who have been identified and served in any one school year. The comparison of total children served in 1976-77 with 1977-78 is reported in Table I. The Table indicates that 75,150 children received services in 1977-78. The figure reported in 1976-77 was 70,907. The net gain was 4,243 additional children served in 1977-78. The data was collected from each school district on the *School District Plan, Part A, Exceptional Needs Assessment* and DPI/DHC data sources. On the Exceptional Needs Assessment, districts are required to report all exceptional educational needs children referred, identified, evaluated, and served.

Table 2 is a comparison of the actual end-of-year incidence percentage figures for all 436 school districts for the 1976-77 and 1977-78 school years as reported on the Annual Exceptional Needs Assessment, Part A. Although the total end-of-year incidence has increased, certain conditions, specifically mental retardation (MR) and vision have shown a decrease. We speculate at this time that:

(1) The decrease of .04 in the MR area may be a factor of a more restrictive definition of MR or the termination of students at the end of the school continuum who have been in MR for the majority of their school life based on

Table 1 Comparison of total children served in 1976-77 with 1977-78 as reported on the Annual Exceptional Needs Assessment, PART A.

Handicapping Condition	June 30 1976-77	June 30 1977-78	Yearly Gain
Mentally Retarded	16,537	15,577	−960
Learning Disabilities	16,458	19,534	3,076
Emotionally Disturbed	5,530	6,215	685
Vision Impaired	454	403	−51
Hearing Impaired	1,134	1,198	64
Speech/ Language Impaired	23,889	24,558	669
Physically Handicapped/ Other Health Impaired (includes Hospitalized PT/OT Treatments)	2,644	2,968*	324
Early Childhood	1,990	2,515	525
School Age Mothers (includes Homebound for SAM)	1,651	1,131	−520
Homebound (others)	620	1,051**	431
TOTAL SERVED	70,907	75,150	+4,243

*Includes 485 hospitalized children and 586 children receiving PT/OT services which are not reported in the Needs Assessment data in Attachment 1.

**Does not include 426 SAM on homebound as reflected in total of Needs Assessment data in Attachment 1.

previously acceptable criteria who were unable to be completely removed from the program.

(2) The decrease of .01 percent in vision could be due to inaccuracies in reporting or of preventive factors.

(3) The increases in the areas of learning disabilities (LD), emotionally disturbed (ED), speech/language (S/L), physically handicapped (PH), homebound, and early childhood (EC) is due to improved screening, referral, and identification procedures as well as a more plentiful supply of qualified staff in these areas.

These are representative of some of the trends that are affecting future program provisions and appropriately plan for trends.

The third analysis of extent of compliance is based on an estimated school year incidence from the study sample reported in the March Supplementary Report.

Table 3 indicates the projected number of EEN enrollees for 1977-78 based upon a rate of 9.1% end-of-year incidence (84,422). The 9.1% represents the estimated end-of-year incidence for Wisconsin based on the study of 34 high service districts. Shown also are figures from the Needs Assessment Report and supplemental data representing the

TABLE 2— Comparison of Wisconsin's end-of-year incidence for the 1976-77 and 1977-78 school years for the 436 school districts expressed in percentage of the public school K-12 population.

Handicapping Condition	1976-77 June 30 (K-12) 960,079[1]	1977-78 June 30 (K-12) 927,603[2]
Mentally Retarded	1.72	1.68
Learning Disabilities	1.71	2.10
Emotionally Disturbed	.58	.67
Vision Impaired	.05	.04
Hearing Impaired	.12	.12
Speech/Language	2.49	2.64
Physically Handicapped/ Other Health Impaired (Includes Hospitalized PT/OT Treatments)	.28	.32
Homebound (Others)	.06	.11
Early Childhood	(1.66[3]) .18[4]	(2.17[3]) .24[4]
School-Age Mothers (Includes Homebound for SAM)	(.69[5]) .17[6]	(.48[5]) .12[6]
TOTALS:	7.36	8.04

[1]Based on a public school K-12 population of 960,079 as reported on the 1976-77 Annual Exceptional Needs Assessment.

[2]Based on public school K-12 population of 927,603 as reported on the 1977-78 Needs Assessment.

[3]Early Childhood End-of-Year Incidence is based on a 3-4 year old population of 120,111, for 1976-77 and 115,929 for 1977-78.

[4]Proration of the Early Childhood End-of-Year Incidence is based upon the 3-4 year old population and the K-12 public school population for the 1976-77 and 1977-78 school years. (e.g. 1990 (EC) ÷ 120,111 (3-4) + 960,079 (K-12) = prorated EC end-of-year incidence for 1976-77; 2515 (EC) ÷ 115,929 (3-4) + 927,603 (K-12) = prorated EC end-of-year incidence for 1977-78).

[5]School-Age Mother End-of-Year Incidence is based on a 12-20 age-range population of 240,020 for 1976-77 and 231,901 for 1977-78.

[6]Proration of the School-Age Mother End-of-Year Incidence is derived by dividing the SAM incidence figure by 4, since approximately one-quarter of the K-12 population would be females in the 12-20 age range. (e.g., one-half K-12 population females; one-quarter K-12 population females in 12-20 age range.)

actual number of EEN students enrolled (75,150); 1,660 potential EEN students whose parents have either refused to allow an evaluation of placement; 5,874 EEN students who were awaiting to be evaluated, in the process of being evaluated, or awaiting placement. Table 3 indicates an estimated 1,738 students who were not referred. This constitutes the disparity between the total number of projected and served in the public schools.

The division will continue to exert considerable effort towards identifying, evaluating, and programming for those children who are not identified. There are some factors which are contributing to the existence of this disparity. For example, the site reviews and audits have revealed that districts that do not have local staff available and/or programming plans for certain EEN areas, such as speech/language, ED, or LD, did not exert concerted effort to identify children with these disabilities. This has been evidenced in smaller, more rural districts where it is difficult to recruit teachers or outside assistance or where transportation becomes a major problem.

Table 3 — Projected end-of-year incidence versus actual number of students served as reported June 30, 1978.

Projected end-of-year incidence of EEN's to be served in public schools during 1977-78 (9.1%[1] of 927,603)		84,422
Actual number served as reported on June 30, 1978 and shown on Table 1	75,150	
Potential enrollees with parental refusals for assessments (1,055) / placements (605)[2]	1,660	
Number of students in transition awaiting M-team, in M-team process; or awaiting placement[3]	+5,874	
	82,684	−82,684
Number of students representing gap between projected and actual end-of-year incidence based upon projected end-of-year incidence rate of 9.1% of public school population		1,738

[1]Estimated end-of-year incidence based on study of 34 high service districts.

[2]Taken from Needs Assessment

[3]Taken from Needs Assessment

Based upon the Annual Plans, Part B, for the 1978-79 school year, the public school districts estimated that they would serve a total of 77,285 students during the year. The districts estimated an increase of 441 total additional special education classes. On the Exceptional Needs Assessment Report individual school districts were asked to identify both in total numbers and by state identification numbers the number of students in the following areas: (1) referrals awaiting M-team beyond 90 days; (2) M-team in progress beyond 90 days; and (3) awaiting program placement beyond 30 days. The DHC is in the process of cross-referencing the Needs Assessment figures (June 30, 1978) with those reported on the Enrollment Reports submitted November 1, 1978 to reconcile any discrepancies that appeared. The actual figures of the enrollment in exceptional educational needs programs as reported on November 1, 1978 and the actual number of new program units in operation by November 1, 1978 will be reported to the court in a supplemental report to be submitted no later than February 10, 1979.[1]

[1]See article titled "VI Supplement to Report No. 5 to the Federal District Court for the Eastern District of Wisconsin on Statewide Implementation of Subchapter IV, Chapter 115, Wisconsin Statutes" submitted on February 10, 1979, also carried in this issue.

II. Identification of EEN Children- Child Find, School Census, and Coordinated Screening Efforts

By Nancy Byfield
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As indicated in the previous section, the remaining balance of EEN children still unserved in the incidence data represent those children *still unidentified* as needing exceptional educational services. These unserved children do not represent negligence or dilatory actions on the part of districts. Instead this group represents those children *still undetected* as EEN by parents, teachers, public agencies, or other referring persons.

The following section details the extensive 4-year effort of the department to sensitize and assist communities in their child find, identification, and referral efforts. As Child Find becomes integrated into the school census procedures this year, the DPI-DHC is planning to utilize federal resource dollars for improved and coordinated *screening* efforts. The department intends to utilize approximately $125,000 of P.L. 94-142 FY79 dollars to encourage model screening approaches which coordinate the educational and health screening components of the schools and other community agencies such as social services, 51.42, and 51.437 boards. Since the department believes that there are undetected EEN chilren enrolled in private schools, a major focus for spring of 1979 will be to involve the private schools in these screening programs. This shift in Child Find emphasis in 1978-79 should assist DPI-DHC and districts in providing free appropriate public education to all children with EEN.

In order to meet the mandates of section 121a.128 of the regulations for P.L. 94-142 and section 84.32 of the regulations for section 504 of the Rehabilitation Act of 1973, the department has continued to facilitate comprehensive child identification activities in the state of Wisconsin. Chapter 115 provides for screening, referral, and multidisciplinary team evaluation of children having suspected exceptional educational needs. Wisconsin legislation does not mandate that a local school district actively seek out handicapped children. Wisconsin's Child Find activities are meeting the mandates of federal legislation.

The division is entering its fourth year of operating a statewide child identification project. In concert with this project, all districts are carrying out Child Find activities. There are 33 Child Find projects funded by Title VI-B discretionary funds. The 33 projects serve 326 of the 436 school districts in Wisconsin. A local project may be operated by a local

educational agency (LEA), County Handicapped Children's Education Board (CHCEB), Cooperative Educational Service Agencies (CESA), or other consortium arrangements. The remaining 110 school districts have chosen to operate Child Find activities independent of a federally funded project.

The statewide child identification project has continued to provide leadership and direction to the development and coordination of local Child Find activities, promote public awareness of services available to handicapped children, and facilitate interagency cooperation.

Local activities have continued to place emphasis on public awareness, developing working relationships with other agencies, and making Child Find activities an integral part of the existing district program. Emphasis has been given this past year to facilitating programs for the older 16-21 year old EEN dropout.

The division continues to make available a toll free number, 24 hours a day, to citizens of the state. This number may be used to request a screening for a child as well as a means for parents to ask questions and share concerns. In the latter case, callers are provided with the information they are seeking or referred to the appropriate source to deal with their concerns. Since installation of the toll free number in April 1977, 268 calls have been received and appropriately responded to.

The department has made a definite commitment to child identification activities in its 1978-79 plan to serve handicapped children. The plan indicates that present comments of the Bureau for Exceptional Children (BEC) are the early identification of handicapped children through the Child Find program and assistance in program information through incorporation of Child Find procedures into the school census. A commitment has also been made that by September 30, 1979, the Bureau for Crippled Children (BCC) will have coordinated its Child Find activities with the Bureau for Exceptional Children.

The division has been and is continuing to assist local districts in integrating Child Find activities into their existing school practices and procedures. Section 121a.128 and 121a.220 of the regulations for P.L. 94-142 require that Child Find activities must be continuous for each district. During the past 3 years, there have been Title VI-B federal funds available for the operation of local Child Find projects. As of September 30, 1979, these discretionary funds will no longer be available. However, this does not eliminate the responsibility of a district from the mandate of Child Find activities. Thus, it is imperative that this year districts establish procedures for integrating Child Find activities within its system in the absence of a federally funded discretionary project. However, it is possible for a district to use P.L. 94-142 flow-through funds in the first priority for Child Find activities.

There are four main activities which districts are now being encouraged to accomplish to fulfill the child find mandate of P.L. 94-142 including:

1. Inclusion of Child Find activities in the school census.
2. Established public awareness activities.
3. Established interagency referral procedures.
4. Participation in coordinated screening approaches with other community agencies.

It is anticipated that the Department of Public Instruction will spend approximately $123,500 in addition to the $1.5 million already spent on Child Find activities through September 30, 1979. This figure is based on actual dollars spent plus those funds obligated for currently operating SEA and LEA projects with the project year running through September 30, 1979.

Because of the transition of some districts withdrawing from a federally funded project and carrying out Child Find activities independently, the following data on Child Find results does not in every case include all 436 school districts:

1. As of the last aggregate count of district activities on October 1, 1978, there were 3,457 requests for screening. Of this number 2,190 requests represented children who were unserved (not in any educational program) with 1,267 requests made on children who were already enrolled in school programs and consequently not considered unserved from the Child Find definition.
2. Of the 3,457 requests for screening, there were 2,308 referrals made for M-team evaluations. Of this 2,308, 1,497 were from the unserved group and 811 were from the children already in school placements.
3. As a result of the M-team evaluations, there was a total of 1,356 children placed in exceptional education. Of this 1,356, 419 were children who were already enrolled in school programs and 937 were children who were not in any educational program up to this point.
4. The state's Annual Needs Assessment form was revised this year to include questions relative to using the school census as a means of child identification. Seventy-five of the state's 436 school districts utilized these questions on the 1977-78 Needs Assessment. The data showed that 795 children were identified through the school census as having a potential exceptional education need (EEN). Of this 795, 322 children were referred for an M-team evaluation and 176 children were placed in an EEN program. Of the 795, 332 children were determined as not needing M-team evaluation.

III. Report of On-Site Review and Program Audit Process

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Kenneth Blessing, Ph.D.
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In Report No. 3 to the Federal District Court dated January 16, 1978, a detailed report was provided of site reviews and the program audits for the 1977-78 school year. These site reviews and program audit processes were initiated by the division administrator to monitor districts and to strengthen and facilitate the state educational agency's role in assuring that all school districts in Wisconsin meet the mandates of Subchapter IV of Chapter 115, Public Law 94-142, and Section 504 of the 1973 Rehabilitation Act.

This section of part III summarizes site review activities in 1977-78 and details continuing site reviews scheduled in 1978-79.

Summary of 1977-78 Site Review Activities

Site review activities were established by the division administrator as a priority for the 1977-78 school year. Four DHC site review teams were organized with each team composed of four or five educational supervisors from the Bureau for Exceptional Children, one health services consultant from the Bureau for Crippled Children (BCC), and one peer monitor representing a local administrator of special education. Each team conducted 2½ to 3½ day site reviews in individual districts during the period from October 1977 through May 1978.

A total of 54 site reviews were conducted during this period. Of this total, 52 districts were assessed as basically meeting state and federal mandates and rules. The two remaining districts were subsequently designated for program audits. The site review teams recommended that these two districts were in need of program audit investigations for potential noncompliance.

Site Review Activities in 1978-79

As a result of an initial management analysis and field experience during the past year, the site review process has undergone modifications for 1978-79. Because the process is extensive in nature and very time consuming, the four teams have been reorganized into three teams providing expanded staff resources to allow for staff rotation.

The site review document is in the process of being revised. Plans are being developed to utilize the new document as a selfevaluation by the district and to serve as an assurance document to DPI that districts are complying with state and federal mandates.

The DHC is currently recruiting a new staff position to serve jointly as a coordinator of the site reviews and as a supervisor of the Title I, P.L. 89-313 programs. The state superintendent is also seeking an additional site review coordinator position through the biennial budget. These additional staff will be responsible for presite visit planning conferences with districts and for development of summary reports of the onsite review. These new staff resources will also provide consistency in the process and enable supervisory staff to spend more time on program development, an area somewhat neglected during this period of intensive monitoring. We project that 45 to 50 site reviews will be conducted from September 1978 to June 1979.

Summary of 1977-78 Program Audit Activities

Continued compliance monitoring of school districts by DPI-DHC is being assured by a program audit team directly responsible to the administrator of the Division for Handicapped Children. Since the last report to the court, two additional auditor positions were filled on February 2, 1978 and July 6, 1978.

Compliance monitoring by the program audit team focuses on the district identification, referral, evaluation, placement, and programming processes for EEN children and evaluates the districts procedural safeguards — due process for parents and children. Districts with inadequate or faulty procedural safeguards are informed of these inadequacies and are given a 4-week timeline to rectify them. At this time, no district with the exception of Milwaukee has been found in noncompliance.

In addition to auditing districts, the program audit team has also been assigned the responsibility of planning and implementing audits of exceptional educational needs programs and facilities operated or funded by public agencies. This

includes local day care centers, state and county institutions, correctional facilities, and those private schools serving handicapped children who are placed by public agencies and funded with public funds.

As stated in the January 16, 1978, report to the court, the internal audit check by the audit team of 37 school districts in 1977-78 was followed up and data discrepancies reported were assessed with the district and necessary actions were taken. In addition, the updated version of the Exceptional Needs Assessment Report is being reviewed by the program audit team along with the annual plans from the districts for evidence of discrepancies. This information, submitted by districts to the Department of Public Instruction on August 15, has been computerized and provides the following information in addition to the prevalence information.

As of August 15, 1978, the district's reports provided data for the 1977-78 school year for referrals.

Referrals for Suspected EEN		
a.	Awaiting M-team (within 90 days)	880
b.	Awaiting M-team (over 90 days)	273
c.	Parents refused M-team evaluation	1,055
d.	In M-team process (within 90 days)	2,301
e.	In M-team process (over 90 days)	1,367
f.	Completed M-team (EEN)	24,385
g.	Completed M-team (no EEN)	14,556
	Total	44,817

Note: 44,817 referrals to M-teams for suspected EEN reflects 4.83% of the total public school population reported.

In addition to this data, the districts also provided data by handicapping condition of children who had a completed M-team evaluation.

The review of both of these data reports provides information of possible discrepancies.

(1) A district's prevalence data is reviewed and compared to prevalence data for CESA, county, and neighboring districts. If a substansive discrepancy exists, other data is reviewed. For example, a review of District A data indicates no emotionally disturbed (ED) students in programs and a review of the M-team activities indicates no M-team referrals or findings of emotionally disturbed students, then a review is made of the population of this district compared with other districts of equal size to determine the number of children with emotional disturbance that might be expected in a district of this size. Enrollment reports are then checked to ascertain if ED students are being mislabeled. Letters, files, and records are checked to locate information concerning possible unidentified ED students. Finally, the district is scheduled for a program audit visit. The purpose of the visit is to insure that the district is taking every appropriate action to refer, identify, evaluate, place, and program EEN children. All possible leads, individual parents, groups, teachers, administration, individual records, etc., are checked and reviewed for the possibility that the above circumstances exist.

(2) An example of another factor that would warrant investigation would be over identification in one area of EEN and minimal or no identification in another. For example, a school district's report indicates a placement of 200+% of the expected MR population but no LD or ED placements. This data would initiate a review by the program audit team. To date the program audit teams have conducted audits in 33 districts.

Since the date of the last report, the program audit team has also made two onsite reviews of Milwaukee in addition to continuing liaison with the exceptional education administration staff for monitoring purposes. An investigatory hearing was also held by the administrator, Division for Handicapped Children, and members of the program audit team at the request of the state superintendent in the Sheboygan School District. In addition to these activities in the districts, a prehearing conference and program audit were conducted by the program audit team at the Central Wisconsin Center for the Developmentally Disabled. Members of the program audit team have also been involved in assisting and advising the Division of Corrections in developing appropriate identification, referral, evaluation, placement, and programming processes and procedural safeguards — due process in juvenile correction facilities.

IV. Report of Hearings and Appeals

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Both Chapter 115 and 20 U.S.C. S 1400 et al contain procedures for parents to request hearings and appeal decisions relating to the identification, evaluation, and placement of children with suspected or identified exceptional educational needs. Since the enactment of Subchapter IV, Chapter 115, a total of 22 appeals of local decisions have been received and decided by the state superintendent. This section contains a summary of each individual appeal and its disposition.

The following summaries are organized according to the school year in which the appeal was received by the department.

1973-74 School Year

Case 1. In February 1974, an M-team recommended placement of a 9-year-old, 3rd grade hyperkinetic child in a learning disabilities program with a low number of students for the 1974-75 school year. The parents appealed the placement recommendation to the local school board alleging that the placement was inappropriate. The local hearing upheld the M-team's recommendations. In April, 1974, that decision was appealed to the state superintendent on the basis of "what would be done for (child's name) next fall?" The state superintendent's decision concluded that placement in the school's 1974-75 LD program would be appropriate to the child's exceptional educational needs.

1974-75 School Year

Case 2. In August 1973, the mother of a 5-year-old child with Down's Syndrome requested the local school board to provide tuition and transportation payments for the child's attendance at two private school facilities. In December 1973, parental consent was given for an M-team evaluation. In February, 1974, the M-team recommended placement in a preacademic special education program which would be available the following September. The parents appealed this placement to the local board alleging that their child was not placed in an appropriate program. In August 1974, the parent's attorney presented to the local school board a claim for expenses incurred for the education of the child during the 1973-74 school year. After a hearing in December 1974, the request for reimbursement was denied and the original placement offer reaffirmed. On appeal to the state superintendent, placement in the preacademic program was held to be appropriate. However, since no program would materialize for several months, the local board was ordered to reimburse the parents for the education costs incurred on behalf of their child for the period of time during which no program was available. The parents then appealed to county court which upheld the state superintendent's decision.

Case 3. In September 1974, an M-team recommended placement of a 4-year-old child with Down's Syndrome in a preacademic program operated by a county handicapped children's education board. The child had attended a private educational program during the prior year. In October, the parents denied permission for placement and appealed the placement recommendation to the local board alleging that the placement was inappropriate to meet their child's needs. After a hearing, the placement decision was upheld. In February 1975, this decision was appealed to the state superintendent who held that the original placement in a preacademic program was appropriate to the child's needs.

Case 4. In the summer of 1974, an M-team recommended that a mentally retarded boy be placed in a selfcontained, intermediate level educable mentally retarded (EMR) program. In October 1974, the principal notified the parent that the boy would be removed from the intermediate program because his academic and operational levels were consideraly lower than the others in the program. The parent appealed this decision alleging that his son could not be mainstreamed in the new placement and that the physical education program was inadequate. After a hearing, the change in placement was upheld. The parent appealed to the state superintendent in March 1975. The state superintendent concluded that placement in a selfcontained EMR program was appropriate, that movement from the intermediate level to the primary level was appropriate based on the child's academic ability and performance but that the physical education program was inappropriate. The state superintendent then directed the school district to provide placement in the selfcontained program as well as an appropriate physical education program for the boy.

Case 5. In October, 1974, an M-team evaluation was requested for an 8-year-old hearing impaired child who was attending a private, sectarian school. A nearby school district conducted an evaluation in January and the Wisconsin

School for the Deaf (WSD) conducted another evaluation in February. The school district in which the child resided offered a placement at the Wisconsin School for the Deaf. In March 1975, the parents appealed this placement offer, which was subsequently upheld by an independent hearing officer. In June 1975, the parents appealed the local decision to the state superintendent alleging that the child should remain at the private sectarian school "since he has adjusted to it." The state superintendent concluded that placement at WSD was appropriate and that the school district of residence could not contract with a private sectarian school.

1975-76 School Year

Case 6. A 12-year-old boy had been in a selfcontained integrated learning disabilities program for 3 years. In April 1975, the parents appealed the upcoming placement for the 1975-76 school year on the basis that it was inappropriate and would not satisfactorily meet their son's needs because multisensory techniques were not used in the proposed program. A hearing by the school board was held in July and August during which time the parents withdrew their child from the public school program and placed him in a private out-of-state program. On the last date of the local hearing, the parents also requested the local board to pay for 6/10 of the cost of their son's placement in the private out-of-state program. The local board's decision concluded that the proposed placement for the 1975-76 year was appropriate to meet the needs of the child and denied payment for 6/10 of the costs of the private out-of-state program. In October 1975, the parents appealed the local decision to the state superintendent on the grounds that the placement was inappropriate and requested payment for 6/10 of the private out-of-state placement costs. The state superintendent found that the public school system was capable of providing an appropriate program using multisensory techniques, that the proposed placement in a selfcontained integrated learning disabilities program was appropriate, and denied reimbursement for 6/10 of the private out-of-state placement costs because an appropriate program was available locally.

Case 7. In June 1974, a public school, through their annual school census, located a 3-year-old boy with Down's Syndrome who had been attending a private full-time educational program since he was 15 months old. The district superintendent indicated to the parents that the private program was far superior to what the district could provide, recommended the child remain in the private program, and did not request the state superintendent's approval for a private contract request. In August 1974, the district, through a cooperative, established an early childhood program. In May 1975, the district superintendent requested the state superintendent's approval for a private contract to reimburse the parents for the child's educational program during the past year. The state superintendent denied the request since it was after the fact and because the public school participated in an early childhood program. In June 1975, the public school conducted an M-team evaluation of the child and recommended placement in the public school early childhood education program. The parents denied consent for placement in that program and appealed the placement offer in October 1975. In February 1976, the school board concluded that the public school program was appropriate and denied all claims for reimbursement for tuition costs for the child's education program at the private facility for the prior 2 years. This local decision was appealed to the state superintendent in March 1976. The state superintendent's decision affirmed the local board's placement of the child in the public school program but found that the placement should be for a full day. The superintendent also found that the letter from the district superintendent to the parents, which recommended continuing the child in the private program, did not constitute a placement offer because the district had not obtained prior approval for the placement from the state superintendent. Thus, tuition reimbursement to the parents was denied. The parents then appealed the state superintendent's decision to the county court where the action is still pending.

Case 8. In February 1976, the parents of an emotionally disturbed, learning disabled boy appealed the placement offer and M-team recommendations made by the district during May of the previous year. The M-team evaluation was found to be invalid because no one on the M-team was certified in the area of emotional disturbance and because no member of the M-team personally evaluated the boy. The parents withdrew their son from the public school system and placed him in a private educational program. They also obtained some independent educational evaluations. In April 1976, an independent hearing officer recommended placement in a program within the public school system based upon both the M-team and independent evaluations. In June 1976, the parents appealed the local decision to the state superintendent who ordered the school to (1) appoint a new M-team, including persons certified in learning disabilities and emotional disturbance and any other suspected disability area, to personally evaluate the boy, develop an individual educational plan fitted to his needs and take into consideration the boy's needs for careful transition if it was determined that an appropriate public school program and placement could be offered by the public school; (2) to reimburse the parents for the educational costs of placement of the boy at the private educational agency; and (3) to reimburse the parents for the costs of obtaining the independent educational evaluations.

Case 9. An 8-year-old boy who attended an EMR program for the first semester of first grade was transferred to a program for the emotionally disturbed during the second semester of first grade. He then transferred to another school district where he was placed in an EMR program and transferred back to the original school district where he was placed in the EMR program on a 90-day trial basis which was later reaffirmed by an M-team evaluation. In January, 1976, the parent requested that her son be reevaluated by the M-team and rescinded permission for his placement in the EMR program. In February, the M-team recommended placement in the EMR program along with speech and language therapy. The parent refused the placement and appealed to the school board arguing that the M-team recommendations for placement in an EMR program would not

satisfy her son's needs because his main handicapping condition was emotional disturbance not retardation and that he required intensive speech and language therapy which the M-team failed to recommend. The parent introduced independent educational evaluations at the hearing. In June 1976, the board issued a decision reaffirming the recommendations of the M-team. This decision was appealed to the state superintendent alleging (1) a failure to formulate an individual special education plan and program; (2) a failure to place the boy in an appropriate program; (3) that the board's decision constituted a conflict of interest and did not reflect expertise in the matters under contention; and (4) that it failed to order payment for costs of obtaining independent educational evaluations. The state superintendent's decision concluded that placement in the EMR program was appropriate and that the child's behavior in school was not excessively deviant and did not require placement in a selfcontained classroom for the emotionally disturbed. However, it also found that the M-team did not make an apprcpriate individualized educational program for this child's speech and language, academic and behavioral needs, and that the individualized educational plan was constructed after notification of placement was given. The state superintendent ordered the M-team to reconvene, with parental consent, to develop an individualized educational program and to discuss the plan with the parent 1 week prior to the school year. The school was ordered to conduct a thorough assessment of the child's speech and language needs and provide intensive therapy on a daily basis. Finally, the school district was ordered to reimburse the parent for the costs of the independent evaluations.

1976-77 School Year

Case 10. The parents of a 17-year-old girl with exceptional educational needs related to her condition of minimal brain damage and congenital aphasia appealed the M-team's evaluation and recommendations as being inappropriate to meet their child's needs. In June 1976, the school board issued a decision directing the director of special education to reconvene an M-team to reassess her needs and develop a specific educational plan to meet these needs. The board's order also required conferences and reports among the high school staff, reports by the selfcontained classroom teacher to the director of special education on a bimonthly basis and reports by the director of special education to the board not less than quarterly. In July 1976, the parents appealed this decision to the state superintendent. The state superintendent concluded that the individual plan was not appropriate nor were there appropriate resouces, materials, and supportive services available to implement the program. While the state superintendent generally concurred with the board's decision, she found that it did not specifically provide for the auditory, visual perception, and fine motor needs of the girl and ordered the M-team to evaluate and develop a training program in these areas as part of the individualized educational program, and that this program was to be carried out by the appropriate personnel.

Case 11. In December 1975, an M-team recommended half-time ED and half-time TMR programming for an 8-year-old boy with exceptional educational needs stemming from the handicapping conditions of emotional disturbance and mental retardation. In February 1976, the parents appealed, alleging that this placement was inappropriate. An independent hearing officer determined that the M-team report was incomplete and that the M-team should be reconvened to determine the boy's disability, handicapping condition, and need for special education including speech and language services, that the boy should be removed from the TMR program, that a long-range educational plan should be developed, and that the parents should be partially reimbursed for the costs of their independent evaluations. The school board did not issue a decision, thus, the original M-team evaluation and placement recommendation were deemed affirmed. In July 1976, this was appealed to the state superintendent. The state superintendent concluded that half-time placement in the TMR program was not appropriate other than on an interim basis or for specific individualized prevocational training; that half-time placement in both programs would not provide the consistency of people, environment, and behavior management needed by the boy; that the boy had complex and multiple handicaps with possible organic and neurological involvement, including mental retardation, emotional disturbance, and language impairment, all of which contributed to his inability to attend in learning situations, to verbalize appropriately, and to manage his behaviors; and that neither the M-team nor the independent evaluation completely and thoroughly identified his handicaps. The state superintendent ordered the M-team to reconvene with the inclusion of teachers certified in the areas of MR, ED, and speech and language. The district was further ordered to develop an individual educational program, to obtain medical and neurological evaluations, and to develop an appropriate placement and program, and offer it to the parent. The board and parents were directed to resolve the issues of payment and extent of payment for the independent evaluations between themselves.

Case 12. In April 1976, an M-team recommended continued placement of a cerebral palsied boy in an educable mentally retarded program with supportive physical therapy. The parents appealed this recommendation to the school board in May 1976, alleging that it was inappropriate to meet their son's needs. The parents submitted independent evaluations during a hearing held in June and July. In August, the board issued a decision upholding the M-team recommendations for placement and refusing to reimburse the parents for the cost of the independent evaluations. This decision was appealed to the state superintendent alleging failure to formulate an individual special education plan, failure to appropriately place the child, the lack of qualifications of the director of special education, defective M-team composition, that the decision of the board represented a conflict of interest, that the attorney representing the administration and school board had a conflict of interest, and that the parents were not reimbursed for the costs of obtaining an independent evaluation. The state superintendent found that the boy had exceptional educational needs in the area of educable mental retardation stemming from mental and physical disabilities related to his condition of cerebral palsy, that placement in the EMR program was appropriate, that the April 1976 M-team educational plan and

recommendation for placement were appropriate but that no physical therapist was available to the team in making a recommendation for physical therapy, that the hearing by the board was conducted pursuant to the requirements of Sec. 151.81, Wis. Stats., that the acting director of special education was assigned and functioned as provided by law, that the independent evaluations supported the diagnostic findings and recommendations of the April 1976 M-team, that the conflict of interest on the part of the board's attorney was not a matter to be determined by the state superintendent, and that there was insufficient proof in the hearing transcripts to support the parents' inability to pay for the independent evaluations. On this basis, the state superintendent ordered that the placement decision be affirmed, that the board's decision regarding reimbursement to the parents be affirmed, that the school obtain a current prescription for physical therapy, and that other services such as occupational therapy be incorporated into his educational program and provided if prescribed.

Case 13. In September, 1974, an M-team recommended placement of a boy in a learning disabilities program. This placement was made and continued for a year and a half during which time the boy exhibited inappropriate behaviors. In March 1976, the parents requested a hearing before the board as they felt the program was inadequate. In April 1976, an M-team was reconvened to review the behavioral data and discuss a program placement change. During June and July 1976, a hearing was conducted by an independent hearing officer. However, the school board never issued a decision and in August 1976, the parents appealed to the state superintendent on the grounds that the special education program provided by the school did not meet their son's needs, that the boy was physically abused by school personnel, that a referral was made to another agency without parental permission, and that the district refused to provide complete educational records to the parents. The state superintendent concluded that the boy was a child with EEN, that the parent's rights were violated when their consent was not sought for the reconvened M-team evaluation and change in placement from a learning disabilities program to a program for the emotionally disturbed, and that the district had not provided all of the boy's records to the parents. The district was ordered to convene, with parental consent, a properly constituted M-team to assess the boy's needs, including a thorough behavioral and vocational evaluation and to formulate an M-team plan which included provisions for disciplinary actions appropriate and constructive to the boy's needs. Finally, the district was ordered to release all behavioral and progress records to the parents.

Case 14. An 11-year-old mentally retarded girl had been enrolled in a nonpublic school program for 4 years. In June 1976, the parents made a verbal request to have their daughter enrolled in the public school as of September 1, 1976. In August the M-team met and provided three program recommendations: placement in an intermediate level MR program, placement in a primary level EMR program, and placement in another intermediate level MR program in another school with each placement including speech therapy services. Through letter, the parents indicated that they would place their daughter in the first program listed above. However, they did not sign or return the placement permission form. The placement took place and the parents requested that a detailed plan and program be developed. In October, the parents requested a hearing because they felt the detailed plan was inadequate. After a public hearing before a hearing officer, the board issued a decision which held that the school district had provided an educational program to meet the girl's exceptional educational needs and which recommended additional evaluations be conducted to reevaluate the potential and progress of the child and/or other exceptional educational needs. The state superintendent concurred and ordered that the board's decision was appropriate and was affirmed. The parent appealed to county court which upheld the state superintendent's decision.

Case 15. In May 1975, an M-team reevaluated a sixth grade boy who had been in a learning disabilities program for 2 years and recommended a one-quarter time enrollment in the LD resource program, and three-quarters time enrollment in the regular program at the junior high level. In December 1975, the parents appealed this placement alleging that it was inadequate to their son's needs. The state superintendent concluded that the M-team had appropriately identified the boy's disability, handicapping condition, and needs for special education; that the M-team recommendations were not specific enough to develop an individual educational program; and that the boy's needs required access to a certified LD teacher on a full-time basis. The state superintendent affirmed the placement in the LD program and ordered the M-team to formulate a specific written education program tailored to meet the boy's specific needs and that the program be provided full-time and evaluated monthly for one semester to determine the continued appropriateness of the program.

Case 16. In December 1976, an M-team recommended a home-based intervention program for a 4-year-old Down's Syndrome girl who had previously been placed in an infant stimulation program combining center-based and home-based instruction. The placement offer of three half-hour sessions per week for language stimulation and 1 hour per week for additional training was appealed to the school board in February 1977. In April, the school board decided that the home-based program as recommended would appropriately meet the child's educational needs at that time. This decision was appealed to the state superintendent. The state superintendent found that the home-based program was the only option offered by the district and that the home-based program was approved by the department, but that such approval did not imply that the program would be individually suited for the needs of all preschool EEN children. The district was then ordered to provide the girl with a half-day group learning experience in a center-based setting with an additional home-training component.

1977-78 School Year

Case 17. In January 1977, an M-team report which contained a prescription for physical therapy services for a 7-year-old boy concluded that "physical therapy would not

affect him educationally, therefore, it is not recommended that the school provide physical therapy." In June the parents requested a hearing before the board alleging that the special education program recommended by the M-team would not satisfactorily serve the child's total needs. The board affirmed the M-team recommendations in August. The parents then filed an appeal with the state superintendent. The state superintendent found that as a matter of law, special education was defined to include any educational assistance and any supportive or related services required to provide an appropriate education program for a child, and that supportive and related services included physical therapy. The district was ordered to provide the physical therapy services indicated on the prescription.

Case 18. In September 1976, the parents of a 9-year-old girl appealed an M-team evaluation as being inappropriate and incomplete and a diagnostic placement as being inappropriate. An independent hearing officer reported to the board that the M-team did a minimally adequate job of identifying the child's exceptional educational needs and should have put forth more effort to delineate a disability and handicapping condition, that the diagnostic placement offer had all the components available in it to provide an appropriate program, that the M-team should review the additional data which was made available by the parents at the hearing in order to outline an educational program for the girl, that the director of special education should review the newly available data and again offer a selfcontained placement in a program developed to meet the child's needs, and that the school system should take the initiative in communicating and cooperating with the parents since the success of the program would be dependent on close and sincere communication. The board adopted the hearing officer's report as their decision and the parents appealed it to the state superintendent. The state superintendent found that the child had exceptional educational needs stemming from the handicapping conditions of speech and language and learning disabilities; that neither the district M-team nor the independent evaluations, or both read together, had fully identified her needs nor provided adequate programming recommendations for meeting those needs; the undue emphasis on labeling (LD versus EMR) had obscured the realities of the child's learning style and potential; that the diagnostic placement was inappropriate; and that effective educational programming for the child must take into consideration both the characteristics she shares with other learning disabled youngsters and the characteristics she shares with retarded youngsters. The superintendent ordered the district to reconvene the M-team to review all available data, including the independent evaluations; to delineate disabilities and handicapping conditions and to develop an M-team plan; offer an appropriate program and placement consistent with the child's needs as outlined by the reconvened M-team; develop an individual educational plan; and make a determination, with the parents, of their financial condition and resolve the issues of payment for the independent evaluations. The parents have appealed the state superintendent's decision to the Federal Eastern District Court where the action is still pending.

Case 19. A 13-year-old boy with a handicapping condition of mental retardation in the lower half of the moderate range had been in an elementary level TMR program. In April 1977, the school district's M-team conducted a reevaluation and recommended that the boy be placed in an adolescent age TMR program which was located in a segregated facility. The parents appealed alleging that this placement was inappropriate to meet their son's needs. After a hearing and the receipt of independent evaluations, the board upheld the appropriateness of the placement. In October 1977, the parents appealed the board's decision to the state superintendent. The state superintendent concluded that neither the M-team nor the independent evaluations addressed the necessary programming recommendations for meeting the child's needs, that the M-team did not provide justifications for recommending a selfcontained complete program for both academic and social learning experiences, that undue emphasis was given to the issue of a segregated versus a nonsegregated facility rather than the more appropriate question of the existence of options to interact socially with non-EEN peers as is required by individual needs and by law. The state superintendent ordered the M-team to reconvene to develop an M-team plan defining immediate and projected long-term needs and to be specific in regard to the boy's social interaction needs, reach a placement recommendation, offer placement, and develop an IEP. It was further ordered that this material be delivered to the Division for Handicapped Children within 30 days of receipt of the decision. Upon receipt and review of this additional material, the state superintendent concluded that an appropriate education could not be satisfactorily provided in regular education, even with the use of supplementary aids and services and that the placement in the segregated facility was appropriate and the least restrictive alternative for meeting the boy's needs because the newly developed IEP specifically provided opportunities for exposure to a regular school environment under carefully monitored circumstances.

Case 20. An M-team reevaluated a 13-year-old mentally retarded boy and recommended a selfcontained EMR program at the junior high level. In April 1978, the parents appealed this placement offer contending that their son was multiply handicapped in the areas of mental retardation, learning disabilities, emotional disturbance, and visual and physical handicaps. They felt that the school district program could not meet those needs and requested placement in an out-of-state school. A hearing officer found that the school district program was appropriate and the parents appealed this decision to the state superintendent. The state superintendent found that the boy met the criteria for EMR but did not meet the criteria for learning disabilities. No emotional, physical, and visual handicaps were documented in the evaluations presented in the record. The state superintendent then held that the district program was appropriate and recommended that consultative learning disabilities services be available to the boy if his parents returned him to the school district program.

Case 21. In April 1978, the parents of an 11-year-old boy who had been medically diagnosed as hyperactive and who had displayed behavior difficulties at school and at home appealed the district placement offer for a selfcontained ED program. During the appeal, the child was placed by his parents in a private school and was successfully participat-

ing in the curriculum with no special education services provided. The local decision ordering reevaluation of the boy's needs was appealed to the state superintendent. A review of the record indicated many serious due process violations and no substantial evidence of any emotional disturbance. The state superintendent ordered that the due process violations be corrected, that the appropriate referral, consent, evaluation, and placement be obtained and submitted to the administrator of the Division for Handicapped Children and ordered that the child be given an opportunity to enroll in a regular education program in the school district. The district was ordered to remove the M-team report and all references to it from the child's file. The father has decided not to consent to a new evaluation because of his son's progress in the private school. However, the material submitted to the division did not reflect any correction of the due-process violations and the matter is being turned over to the audit team for audit and review and a possible sec. 115.89, Wis. Stats., proceeding.

Case 22. In February 1978, the parents of a 16-year-old mentally retarded girl appealed the school district EMR placement offer and requested the child continue in a private school placement with the school district assuming the cost. After a hearing, the school district program was found to be appropriate and the parents then appealed this decision to the state superintendent. The state superintendent found that the girl was appropriately identified as mentally retarded, that the district had an approved EMR program that met her academic needs but that her adaptive needs had not been satisfactorily provided for. Therefore, the state superintendent ordered that the district explore programming that would meet both academic and adaptive needs and that an appropriate placement be offered to the parents.

V. Division Plans and Proposed Activities to Serve Children with Exceptional Educational Needs

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Wisconsin Plan To Serve Handicapped Children

The Wisconsin Plan to Serve Handicapped Children is a vehicle to bring together in one document all the issues concerned with programs to serve handicapped children. The Wisconsin Plan details the methods and procedures to bring the state of Wisconsin into compliance with state and federal laws and to clarify the issues of economy, resources, and programs to ensure the best services for all handicapped children. The intent of the plan is to emphasize programs for children and the efficient delivery system to provide these services.

During the early months of 1979, the DHC will be soliciting the input of consumer and provider groups to identify priorities for 1979-80. Upon review of the input by the Council for Exceptional Education and the DHC, long and short range objectives will be developed. Additional activities and timelines reflect the proposed process culminating in the development and submission of the Wisconsin Plan to the state legislature and the federal government. The following flow chart outlines the planning activities and timeframes for developing the 1979-80 plan:

I.	Public input.	January 31
II.	Draft of priorities identified by public.	
III.	Division reviews identified priorities and develops long and short range objectives.	
IV.	Exceptional Education Council/Division for Handicapped Children receive input from state interest groups.	
V.	Division updates long and short range objectives.	
VI.	Division develops a draft of the plan for 1979-1980.	April 30
VII.	Public hearings.	
VIII.	Exceptional Education Council/Division for Handicapped Children review results from public hearing.	
IX.	Division updates the plan to reflect revisions.	
X.	Division submits the plan to the state superintendent for approval.	

XI. State superintendent submits the 1979-1980 plan to the state legislature and the federal government. June 30

Biennial Budget Proposals

As noted in Part III of this report, the department is requesting two additional staff for the Division for Handicapped Children. These staff resources are needed to achieve the monitoring and technical assistance function without detracting from the program development and supervision functions. A clerical position to support these new positions is also requested.

To improve internal operations, a revised management information system will be developed. The DHC is requesting $10,000 annually to contract for the services of an additional management information specialist.

Categorical aids to school districts for exceptional education programs represents the largest portion of the financial request. The following amounts have been requested for the next 2 years: 1979-80, $98,889,700; 1980-81, $112,761,500.

A series of proposed amendments to Subchapter IV, Chapter 115, Wisconsin Statutes have been incorporated into the budget request. The changes, as proposed, will bring the requirements of Subchapter IV, Chapter 115, Wisconsin Statutes into agreement with the requirements of P.L. 94-142. The amendments focus on three areas: (1) procedural safeguards; (2) the DHC's responsibility for supervision and monitoring; and (3) the state superintendent's authority to remedy the denial of equal educational opportunity.

The proposed statutory amendments for procedural safeguards provide for (1) the school district's right to appeal; (2) the timelines of P.L. 94-142; (3) an independent hearing officer for local appeals; and (4) insure that the decision of the hearing officer is binding on both parties unless further appealed. Statutory language has also been included to protect the rights of children during the evaluation process and directs placement in the least restrictive environment.

The proposed amendments will broaden the scope of the division's responsibility for supervision, monitoring, and evaluation to include all publicly funded exceptional education programs. These programs will include those facilities and programs, both public and private, that receive public funds to provide educational programs for EEN children.

Plans for Single Line of Authority

The proposed amendments summarized above should provide the necessary statutory authority for implementing the supervision and monitoring of all publicly funded educational programs as required by P.L. 94-142. The DHC has initiated several additional activities to meet this requirement.

In October 1978, the administration of the P.L. 89-313 program was transferred from the Department of Health and Social Services to the Division for Handicapped Children. This program earmarks federal monies for the education of handicapped children in institutions and day service centers and thus falls under the general supervision, monitoring, and evaluation of the DHC. This transfer will assist in internal consistency in the administration of federally funded education programs for children with EEN and will facilitate the DHC's role in assuring that these programs meet the requirements of the laws. As noted in Part III of this report, the DHC is recruiting a new staff position to supervise these P.L. 89-313 programs.

The DHC has been negotiating with the Department of Health and Social Services to resolve the problems publicly funded education programs are having in meeting the requirements of P.L. 94-142. The Central Wisconsin Center allegation of noncompliance and audit has identified problems which are specific to institutions as well as problems which will be experienced by all publicly funded education programs not under the auspices of the public schools.

Based upon estimated figures from the Department of Health and Social Services, it would appear that there are approximately 4,000 school age children in DHSS funded and operated agencies. These children are in day treatment programs, residential licensed child welfare agencies, correctional facilities, mental health institutes, and the centers for the developmentally disabled. Given the nature of these programs and facilities, it is likely that many of these children have exceptional educational needs. The DHC and DHSS will be taking the necessary steps to identify and provide a free, appropriate public education to these children.

VI. Supplement to Report No. 5 to the Federal District Court for the Eastern District of Wisconsin on Statewide Implementation of Subchapter IV, Chapter 115, Wisconsin Statutes

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In its Report No. 5 to the Federal District Court, dated December 1, 1978, the Wisconsin State Department of Public Instruction indicated its intent to report: (1) actual enrollment figures for children in exceptional educational programs and (2) the actual number of new program units in operation in the fall of 1978. Report No. 5 had concentrated on end-of-year enrollment and program unit data for school year 1977-78. This supplementary report, therefore, is intended to provide the Federal District Court with the most current and recent data available from actual enrollment reports submitted to the Department by November 1, 1978.

I. Comparison of Program Units in Operation in 1978-79 vs. 1977-78

A program unit is operationally defined as a group of children assigned to a licensed exceptional education teacher for instruction directed to their primary exceptional educational need (EEN). This definition also includes groups of children served by speech clinicians or physical and occupational therapists. Each program unit submits an enrollment report to the Division for Handicapped Children.

Table 1 indicates that in the fall of 1978, 5,780 program units were in operation, a gain of some 237 units over the 5,543 units in operation in 1977-78. Greatest growth occurred in the areas of learning disabilities, emotionally disturbed, early childhood, school-age mothers, and speech/language impaired in that order. Program unit decrements may be noted primarily in the area of mental retardation although slight drops also occurred in the vision and hearing impaired areas.

A portion of these decrements are directly attributable to a change in the procedures for counting program units. Previously these unit counts included special skills teachers, e.g., EEN media teachers, program support teachers, physical education, industrial arts, etc., but to avoid duplicative counts, and since these teachers do not submit enrollment reports, they are no longer included in the program unit count. Other factors directly related to unit losses include: (1) Declining K-12 public school enrollments which directly affect incidence rates. Programs for the retarded have been fairly stable but in the past several years the K-12 population has steadily declined, e.g. 917,873 in 1977-78 to 886,416 in 1978-79. Thus, we note relatively fewer children identified as retarded in the primary grades while at the same time others are graduating from the secondary level where proportionately greater prevalence was noted several years earlier. These same declining enrollment factors in the general school population affect the low incidence numbers found among the hearing and visually impaired as well.

Table 1 — Comparison of 1977-78 and 1978-79 program units.

EEN Condition	Units Operating in Fall 1977-78	Units Operating in Fall 1978-79
MR - Mentally Retarded	1,626	1,573[1]
LD - Learning Disabilities	1,477	1,598
ED - Emotionally Disturbed	664	715
V - Vision Impaired (includes day/residential schools)	89	80[1]
H - Hearing Impaired (includes day/residential schools)	190	186[1]
S/L - Speech/Language Impaired	1,006	1,022
PH/OHI - Physically Handicapped/Other Health Impaired (includes Hospital, Homebound/Others, and Therapies)	260	322
SAM - School-age Mothers (ages 12-20)	26	36
EC - Early Childhood Centers	205	248
TOTALS	5,543	5,780 (Gain of 237 Program Units)

[1]See text for full discussion of these program unit decrements.

Table 2 — Comparison of 1977-78 and 1978-79 program enrollments.

EEN Condition	Fall Enrollment Count in 1977-78 (K-12 Enrollment=917,873)	Fall Enrollment Count in 1978-79 (K-12 Enrollment=886,416
MR - Mentally Retarded	15,446	14,697
LD - Learning Disabilities	16,475	19,536
ED - Emotionally Disturbed	5,455	6,003
V - Vision Impaired (includes day/residential schools)	463	432
H - Hearing Impaired (includes day/residential schools)	1,018	1,083
S/L - Speech/Language Impaired	21,385	23,183
PH/OHI - Physically Handicapped/Other Health Impaired (includes Hospitalized, PT/OT Treatments, Homebound/Others)	2,590[1]	3,140[1]
SAM - School-Age Mothers (ages 12-20) (includes Homebound for SAM)	549[2]	467[2]
EC - Early Childhood	1,746	2,454
TOTALS	65,127[3]	70,995[3] (Gain of 5,868 pupils)

[1]Represents the Division for Handicapped Children's best current estimates, since previous reports utilized an end-of-year incidence figure for hospitalized, PT/OT therapies and homebound-others. The DHC is in the process of refining procedures so we can develop enrollment reporting and prevalence estimates in these areas. These totals include: PH/OHI actuals of 851 and 892 and 53 and 55 for hospitalized for 1977-78 and 1978-79; estimates of 1249 and 1767 for PT/OT therapies and 437 and 426 for homebound/others for 1977-78 and 1978-79.

[2]A statistical error in the 1977-78 enrollment report required a correction in this area, since more schools are encouraging SAM students to remain in school. 1978-79 represents actual fall enrollment of 227 SAMs in program units and an estimate of 240 SAM students currently on homebound/SAM.

[3]Represents duplicative counts since some EEN children have more than one handicapping condition and are served by more than one EEN specialist.

(2) Utilization of a more restrictive federal/state definition of mental retardation since 1976 has limited the total numbers of referrals for placement among the group previously referred to as "borderline retarded." Multidisciplinary teams are only authorized to designate individual children functioning in this range when the total clinical judgement of the M-team indicates a placement is appropriate for the individual child in question.

(3) Improved identification/assessment procedures utilized by local M-teams are better differentiating children with exceptional education needs. Previously children with learning disabilities or emotional problems may have been placed in programs for the retarded because the district lacked the appropriate programming resources or the assessment procedures may have been inadequate. The team staffing approach currently in use precludes this practice thus reducing somewhat the number of placements in programs for the retarded.

(4) Some retarded children, particularly 5 year-olds, are attending generic early childhood programs, and, therefore, fewer mentally retarded units may be required at the preschool or elementary level.

II. Comparison of EEN Program Enrollments in 1978-79 vs. 1977-78

Table 2 displays contrasting fall enrollment data for school years 1977-78 and 1978-79 and depicts the overall progress made during the past year. A total of 70,995 EEN children are reported in Wisconsin's 5,780 program units in 1978-79, a gain of some 5,868 pupils over the 65,127 enrolled at the same time last year. All EEN areas with the exception of mental retardation and the low incidence vision program show significant gains in enrollments.

The same factors attributable to program unit decrements as discussed in the previous section are operable and affect enrollments in these two areas. All other EEN programs reflect intent on the part of Wisconsin's 427 districts to aggressively refer, assess, and appropriately place children identified as having exceptional education needs. (There are now 427 school districts in 1978-79 rather than 436 as previously reported. This decrease is due to the consolidation of several districts.)

III. Comparison of Prevalence Served by Category in Fall of 1978-79 vs. 1977-78

Table 3 is a comparison of the Wisconsin point-in-time prevalence percentage figures for all Wisconsin school districts for 1977-78 and 1978-79 as reported in the fall enrollments for those years. Although the total prevalence figure has increased from 7.06% to 7.97% (+ .91%) certain conditions, specifically mental retardation and school-age mothers, have shown a slight decrease. Speculation as to the cause of these very slight decrements (.02% for mental retardation and .01% for SAM) have been outlined in Section I and will not be repeated here. The prevalence per-

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Table 3—Comparison of Wisconsin's prevalence for the Fall of 1977 and the Fall of 1978.

Handicapping Condition	1977 Fall Prevalence (K-12) 917,873[1]	1978 Fall Prevalence (K-12) 886,416[2]
Mentally Retarded	1.68	1.66
Learning Disabilities	1.79	2.20
Emotionally Disturbed	.59	.68
Vision Impaired	.05	.05
Hearing Impaired	.11	.12
Speech/Language	2.33	2.62
Physically Handicapped/Other Health Impaired (Includes Hospitalized, PT/OT Treatments and Homebound/Other)	.28	.35
Early Childhood (1.52)[3]	.17[4] (2.11)[3]	.24[4]
School-Age Mothers (Includes Homebound for SAM) (.24)[5]	5.06[6] (.21)[5]	.05[6]
TOTALS:	7.06	7.97

[1]Based on a public school K-12 population of 917,873 as reported to the DPI in the fall of 1977.

[2]Based on a public school K-12 population of 886,416 as reported to the DPI in the fall of 1978.

[3]Early Childhood point-in-time prevalence is based on a 3-4 year-old population of 114,906 (fall of 1977 figure) for 1977-78 and 116,551 (fall of 1978 figure) for 1978-79.

[4]Proration of the Early Childhood point-in-time prevalence is based upon the 3-4 year-old population and the K-12 public school population for the 1977-78 (fall of 1977) and the 1978-79 (fall of 1978) school years. (e.g., 1,746 (EC) ÷ 114,906 (3-4) ÷ 917,873 (K-12) = prorated EC point-in-time prevalence for 1977-78; 2,454 (EC) ÷ 116,551 (3-4) ÷ 886,416 (K-12) = prorated EC point-in-time prevalence for 1978-79.)

[5]School-Age Mothers point-in-time prevalence is based on the female 12-20 age population of 229,468 (fall of 1977) for 1977-78 and 221,604 (fall of 1978) for 1978-79.

[6]Proration of the School-Age Mothers point-in-time prevalence is derived by dividing the SAM prevalence figure by 4, since approximately one-quarter of the K-12 population would be females in the 12-20 age range. (e.g., one-half K-12 population females; one-quarter K-12 population females in the 12-20 age range)

centage gain of almost 1% is an indication of statewide program unit and enrollment growth over a year's timeframe.

The department assures the federal court that it will continue to vigorously monitor school districts' compliance efforts and, in particular, their Child Find and screening processes designed to locate those EEN children still undetected in the general school population. One special area of greater focus will be on improved screening and referral efforts between the private sector and the public schools. We suspect that there are additional potential EEN enrollees currently in attendance in the private schools and, as yet, undetected. This will be a major focus of site review team efforts and other departmental objectives during the second semester of the current year and in 1979-80.

UW System Courses for EEN Teachers

Beginning in September 1979, the University of Wisconsin (UW) System will be offering three courses which have important implications for teachers dealing with exceptional educational need students.

1. *Promises to Keep.* This twelve-part television-based course deals with types of exceptionality and with methods for meeting the needs of exceptional education need students in the regular classroom.

2. *Coping with Kids.* This is a television-based course showing why children behave as they do and what adults can do about it. Based on the behavior management notions of Dreikurs and Gordon, the series offers 10 specific strategies for dealing with difficult behavior.

3. *Survival in the Classroom: Perspectives on Discipline.* This course was designed by the UW system in collaboration with three teacher associations: WEAC, WFT, and MTEA. The four modules are:

1. Self Awareness.
2. Communication Skills.
3. Behavior Negotiation.
4. Creative (Preventative) Teaching.

It has been designed so that practicing educators may collaborate with UW faculty in offering the course.

For more information on any of these courses, contact your local UW campus outreach person or Robert E. Clasen, UW-Extension, 235 Lowell Hall, Madison, Wisconsin 53706 (608-262-0589).

Notes

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